

# FOR GENERATIONS TO COME: THE TIME IS NOW

## A Strategy for Aboriginal Family Healing

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A Final Report  
Of The  
Aboriginal Family Healing Joint Steering Committee

Prepared September 1993





The Honourable Marion Boyd  
Minister Responsible for Women's Issues

The Honourable Bud Wildman  
Minister Responsible for Native Affairs

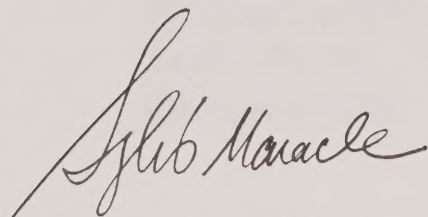
The Honourable Ruth Grier  
Minister of Health

The Honourable Tony Silipo  
Minister of Community and Social Service


Dear Ministers:

The Aboriginal Family Healing Joint Steering Committee is pleased to submit its Final Report.

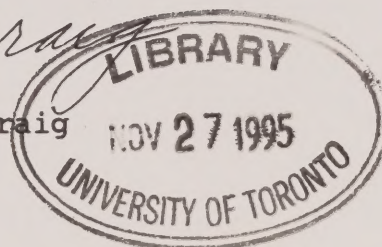
On behalf of the members of the Joint Steering Committee,



Sylvia Maracle  
Co-chair



Barbara Craig  
Co-chair



Association of Iroquois and  
Allied Indians  
Independent First Nations  
coordinated by the Chiefs of  
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Grand Council Treaty #3  
Nishnawbe-Aski Nation  
Ontario Federation of Indian  
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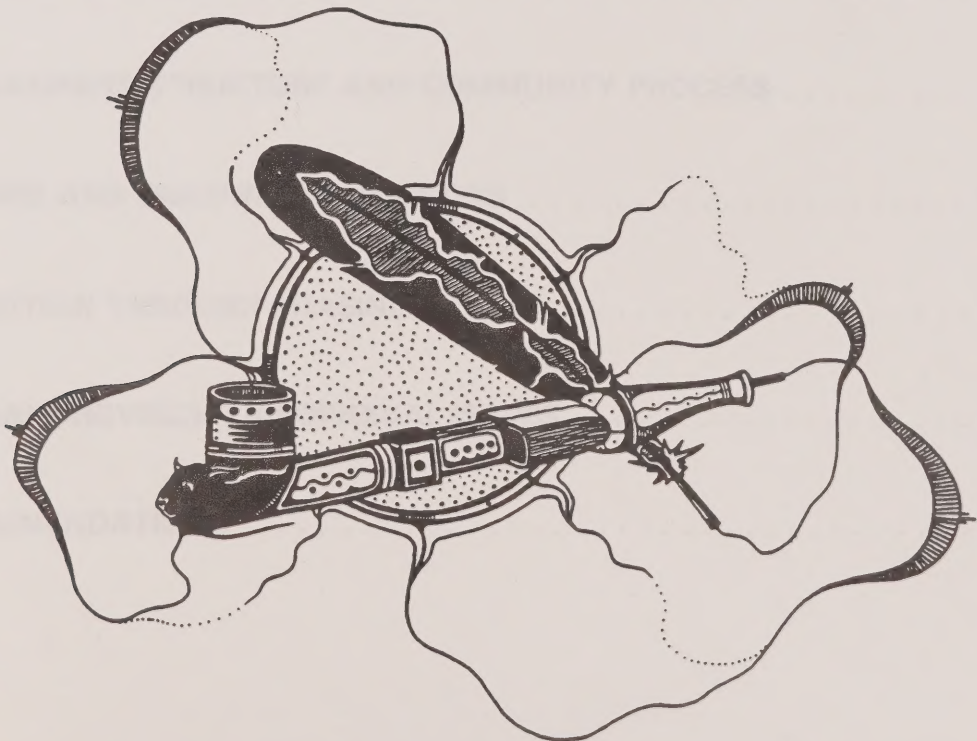


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## ACKNOWLEDGEMENTS

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THE MEMBERS OF THE ABORIGINAL FAMILY HEALING JOINT STEERING COMMITTEE WOULD LIKE TO EXPRESS THEIR GRATITUDE TO ALL OF THE INDIVIDUAL COMMUNITY MEMBERS WHO SHARED THEIR TIME AND PROVIDED THEIR VALUED INFORMATION AND EXPERIENCE.

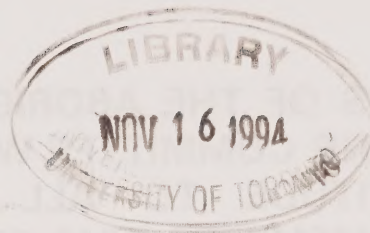


"The Pipa"

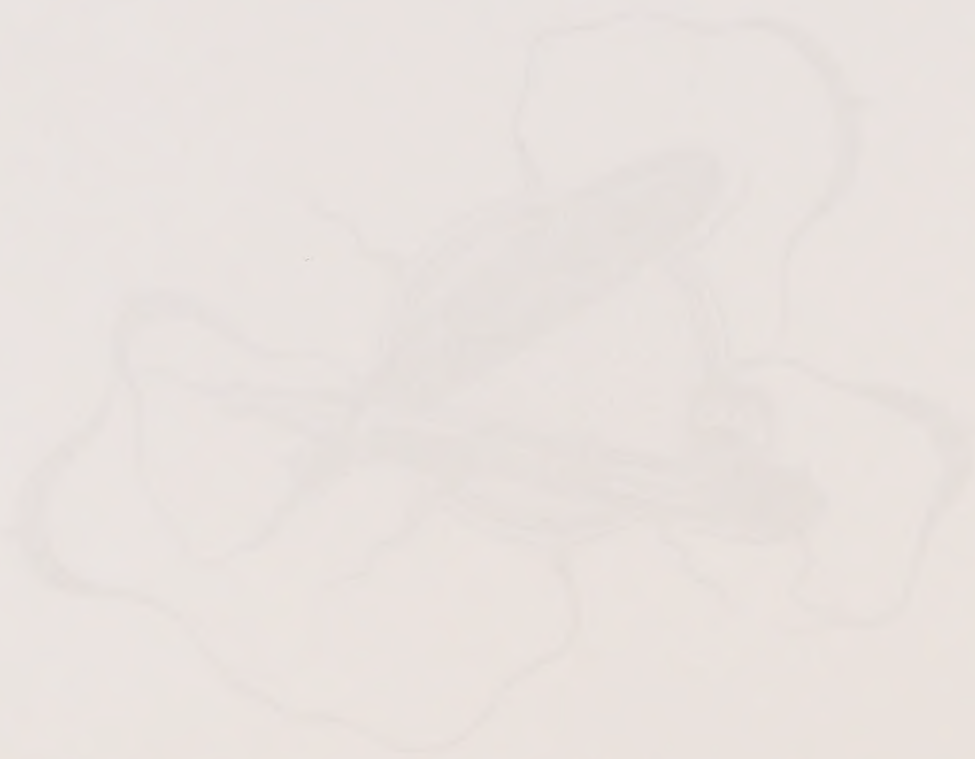
Wayne Tredwell '95



# ACKNOWLEDGEMENTS



THE MEMBER OF THE ADDITIONAL FAMILY HEALING  
JOINT STEERING COMMITTEE WOULD LIKE TO EXPRESS  
THEIR GRATITUDE TO THE INDIVIDUAL  
COMMUNITY MEMBERS WHO SHARED THEIR TIME AND  
PROVIDED THEIR VALUED INFORMATION AND  
EXPERIENCE.





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## EXECUTIVE SUMMARY

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Family violence is an issue of major concern to Aboriginal communities in Ontario. The scale of the problem is so dramatic, and its impact so wide-ranging that virtually no generation or community has escaped its effects.

The issue of Aboriginal family violence gained province-wide prominence in 1989 with the release of "Breaking Free", a report published by the Ontario Native Women's Association. The report documented the alarming extent of violence within Aboriginal communities and highlighted the pressing need for the issue to be addressed.

For Aboriginal people the problem of family violence is an urgent community-wide and intergenerational issue. Furthermore, it is clear that many of the existing province-wide approaches to family violence have been ineffective in slowing the rate of violence in Aboriginal communities. Solutions that have had positive effects in the broader community have often been culturally unsuited in their design and delivery to successfully address the specific problems associated with violence in the Aboriginal community.

The Aboriginal Family Healing Strategy therefore attempts to address Aboriginal family violence in a manner which is culturally appropriate, wholistic, on-going and community based.

### COMMUNITY BASED

The initial task in creating the Healing Strategy was to establish an understanding of both the context in which Aboriginal family violence takes place and of how that violence is experienced and understood by Aboriginal individuals, families, communities and Nations.

The direction taken by the Healing Strategy therefore emerges from the most comprehensive community-based consultation ever undertaken with Aboriginal people in Ontario. During the Family Healing consultations, over 6,000 Aboriginal people across 250 communities participated. Many of the people who shared their understanding were themselves victims of violence.



Out of these consultations the Aboriginal community identified their needs both as individuals and communities and defined Aboriginal family violence in the following terms;

"consequent to colonization, forced assimilation and cultural genocide. (It is) the learned, negative, cumulative multi-generational actions, values, beliefs attitudes and behavioral patterns practised by one or more people that weaken or destroy the harmony and well-being of an Aboriginal individual, family, extended family, community or nationhood."

While Aboriginal family violence is described as a symptom of past and present social and cultural conditions, it is also recognised by Aboriginal people as an issue that unless addressed, will jeopardize future cultural, economic and social renewal within Aboriginal communities.

## **A UNIQUE PROCESS**

In order to respond effectively to the issue of Aboriginal Family Violence, a partnership was created between the Government of Ontario and the Aboriginal community. In June 1991, the Aboriginal Family Violence Joint Steering Committee was formed, with representation from eleven Ontario ministries and agencies and eight Aboriginal organizations. The committee was mandated to develop a comprehensive Strategy that would promote healing and positive lifestyles for Aboriginal communities across Ontario. Throughout the Strategy development, Aboriginal organizations have played a central role in determining priorities and in identifying strategies for change.

This unique collaborative process has been vital for both understanding the specific limitations and ineffectiveness of existing services and programs and for identifying the changes necessary to create culturally appropriate solutions.

For both the Government of Ontario and Aboriginal communities, the Aboriginal Family Healing Strategy marks both a new approach to policy development and a tangible commitment to the successful realization of Aboriginal self-government. The Healing Strategy has been developed very much with the vision of self-government in mind and is in keeping with both the spirit and intent of the 1991 Statement of Political Relationship.

## **AN INNOVATIVE APPROACH**

The Aboriginal Family Healing Strategy was renamed in the developmental stage from the Aboriginal Family Violence Strategy. This shift in emphasis to a wholistic perspective of healing and wellness was of considerable importance. The understanding of healing embodied in the Strategy is broad, incorporating the physical, mental, emotional and spiritual needs of individuals.

The Healing Strategy also incorporates the distinct concept that the individual, family and community are inseparable and that what affects one affects the others. The focus upon understanding the individual in a family and community setting has resulted in the Strategy placing great importance on community wide healing and community generated approaches to violence.

The Healing Strategy is innovative not only in its emphasis on healing and wellness, but also because it sees the empowerment of Aboriginal people as being a central component in the healing of individuals, families, communities and Aboriginal Nations.

In this regard, the Strategy requires that Aboriginal communities be given access to the resources and control necessary to design, implement and direct community based solutions to a community problem. In taking this approach, the Strategy embodies a real and tangible shift in power, control and resources away from the Province to Aboriginal communities.

## **A FLEXIBLE FRAMEWORK**

The Healing Strategy does not propose a model nor does it envisage a single one-time program. The approach of the Healing Strategy is to provide a comprehensive, ongoing and flexible framework. The framework proposed allows for a broad and linked range of initiatives to be developed and allows for the maximum amount of community generated responses to family violence.

The strategies and supports created are aimed at addressing the healing needs of individuals, families and communities. As such, the Strategy proposes various forms and levels of support aimed at meeting the different needs and age groups within a community.

Founded on the Aboriginal medicine wheel, the Strategy is structured around a Healing Continuum. The Healing Continuum is the integrated continuum of care and supports necessary for community wide healing to take place. The Healing Continuum focuses on the promotion of understanding of family violence, community prevention measures and strategies, crisis intervention, curative and rehabilitative strategies, the promotion of stability in communities and the training and structures required both at the community and service provider level.

By taking this comprehensive approach, the Healing Strategy proposes to address not simply the immediate issue of violence but also the multiple causes and impacts that shape a community.

Recognising that Aboriginal family violence is an inter-generational issue, the Strategy proposes initiatives which are aimed at all stages of the life cycle. This focus is



essential in order to address the healing needs of all people affected directly or indirectly by family violence and in order to heal for the benefit of generations to come.

The Healing Strategy nevertheless recognises the need for an approach which can also offer immediate supports when crises occur, and a range of such strategies are proposed, including; creating trained crisis intervention teams, financial aid for those leaving violent situations, the development of safe houses and shelters and the expansion of counselling and other services for both abusers and victims of violence.

Recognising the differing needs, resources and stages of development of communities. The Strategy aims to allow communities themselves to establish their own priorities with regard to accessing the specific supports that they may require.

In keeping with the intent of the joint process, the individual strategies identified in the report are directed variously to the Aboriginal leadership and community and/or to the Government of Ontario. Where possible, the relevant responsibilities and implications for parties have been identified. Where legislative or policy changes may be required, these have been identified in a preliminary form.

## **MUTUALLY RESPONSIBLE**

The Aboriginal Family Healing Strategy is one which places responsibilities upon both the Government of Ontario and the Aboriginal leadership and community.

For the Aboriginal leadership and community, the Strategy calls for an awareness of the issue of family violence to be generated at all levels. It further calls on the Aboriginal community to develop and deliver inclusive and effective strategies at the community level. Indeed, it is the vitality and quality of these community led initiatives which will be central to the overall success of the Strategy.

For the Government of Ontario, the Healing Strategy requires a commitment not only to begin to devolve real authority to the Aboriginal community, but also to ensure that sufficient long-term resources are provided to make full implementation feasible. For the Government of Ontario, such a move will mean a shift away from the short-term, grant-based approach to funding of initiatives towards a commitment to ongoing comprehensive funding.

The specific responsibilities of both the Government of Ontario and the Aboriginal community will be formally outlined in a series of joint protocols which will address issues such as Strategy evaluation, dispute resolution and roles and responsibilities.

## **JUSTICE IN A HEALING CONTEXT**

The justice strategies in the report are based on understanding justice as part of the overall healing continuum. The strategies propose ways to deal with negative behaviour so as to ensure the safety of all involved, promote accountability of the offender and focus on healing rather than punishment. Strategies relate to the development of community based processes and systems to address negative behaviours, increased community control over justice programs and services and increased access to the current system. A range of approaches which do not require legislative or constitutional changes is proposed.

## **IMPLICATIONS**

The Healing Strategy has significant implications for the Government of Ontario in both the long and short-term. In the short-term, the Strategy requires that a process of co-ordination of existing Aboriginal healing programs and funding be undertaken, it further requires that the human resources be available within government and the Aboriginal organizations be sufficient to ensure smooth transition.

The Strategy also requires that the inconsistencies which currently exist both within and between ministries regarding the delivery of programs and services on reserve be resolved.

A commitment from the Government of Ontario to enter into on-going dialogue with Aboriginal, federal and municipal governments to resolve outstanding jurisdictional and funding issues is also implied in the adoption of the Healing Strategy.

## **NEGOTIATION OF IMPLEMENTATION**

Negotiation is the key to implementation of the Aboriginal Family Healing Strategy. The report presents a model for the management structure, for costing and phasing, and for transition through phasing. These should be seen as examples of approaches to implementation of the strategy. Final decisions about the management structure, about costing, about phasing, and about implementation will have to be negotiated following Cabinet approval of the strategy.

## **TRANSITION THROUGH PHASING**

The Aboriginal Family Healing Strategy is a phased initiative whose long-term goal is the devolution of control and authority for Aboriginal Family Healing programs and services to the Aboriginal community. The Strategy is being phased to allow recognition of the differing levels of community readiness and the need for government preparedness and available resources.

The first steps in the direction of full Aboriginal control will be achieved through



an improved and co-ordinated approach to the delivery of existing provincial programs and services and the joint development of new initiatives.

At each phase of the process, Management structures are proposed both to identify and to direct the specific tasks necessary for implementation of the Strategy.

## **MANAGEMENT STRUCTURES**

Beginning with the immediate creation of a Transition Committee, the Strategy proposes that the Government of Ontario and the Aboriginal community develop the necessary protocols and obtain the necessary resources for the creation of a Phase 1 Joint Management Committee.

### **Phase 1**

This Committee would begin to share control and authority over some of the Aboriginal Family Healing programs, and would provide an immediate indication of the commitment to addressing the healing needs of Aboriginal peoples. Programming would continue to exist with Ministry mandates but would be guided to make them more consistent with the Aboriginal Family Healing Strategy.

### **Co-ordinated Programming**

In the medium term it is proposed that the Phase 1 management committee will evolve into a two-tiered body with wider ministry representation at the lower level.

The mandate of the proposed centralised management structure would be to oversee the co-ordination of all existing healing programs and services. The management structure would also oversee the implementation of new initiatives and establish priorities for future strategy development.

The management structure would be composed of Aboriginal community representatives and representatives of ministries involved in the Strategy. As the co-ordination of programs evolves, and subject to agreed phasing protocols, full control of the management committee and the resources at its disposal would be devolved to the Aboriginal community.

It is recognised that although a centralised structure is necessary for co-ordination, that structure be so constituted as to allow for flexible relationships to be developed with Aboriginal communities. This emphasis is consistent with a recognition of the need for a community based approach.

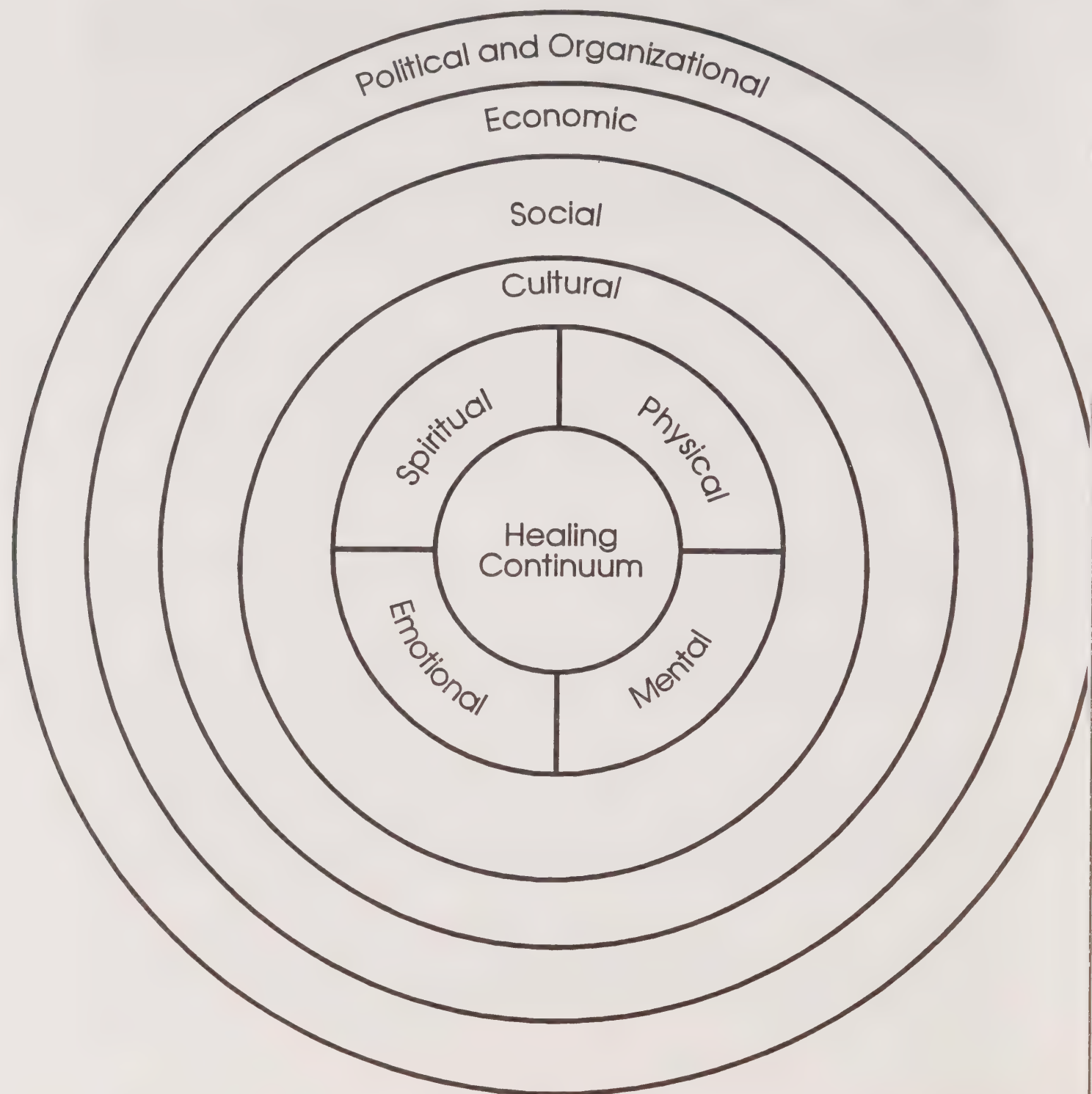
## RECOMMENDATIONS

The report concludes with a series of recommendations intended to enable implementation of the Strategy framework and management structures required. At this draft stage, the recommendations do not include detailed reference to specific legislative or policy changes that may be required in certain areas.



# **The Aboriginal Family Healing Vision**

*A COMMUNITY DEVELOPMENT APPROACH*









ONTARIO NATIVE WOMEN'S ASSOCIATION  
UNION OF ONTARIO INDIANS  
MINISTRY OF THE ATTORNEY GENERAL  
MINISTRY OF CITIZENSHIP, NATIVE COMMUNITY BRANCH  
MINISTRY OF COMMUNITY AND SOCIAL SERVICES  
MINISTRY OF CORRECTIONAL SERVICES  
MINISTRY OF EDUCATION  
MINISTRY OF NORTHERN DEVELOPMENT AND MINES  
MINISTRY OF HOUSING  
MINISTRY OF HEALTH  
MINISTRY OF THE SOLICITOR GENERAL  
ONTARIO WOMEN'S DIRECTORATE  
ONTARIO NATIVE AFFAIRS SECRETARIAT  
FEDERAL GOVERNMENT REPRESENTATIVES (DEPARTMENT OF  
INDIAN & NORTHERN AFFAIRS AND NATIONAL HEALTH &  
WELFARE CANADA)

#### **ACCOUNTABILITY OF THE COMMITTEE:**

1. All members of the Aboriginal Family Violence Steering Committee are to meet timelines and carry out tasks in accordance with the principles as outlined below.
2. All members of the Aboriginal Family Violence Steering Committee are responsible for ensuring that they obtain approvals/directions from their respective organizations and ministries regarding the tasks of the committee, when required.
3. All members are responsible for helping to resolve differences in accordance with the principles to ensure the successful development of the strategy.
4. The Aboriginal organizations are to prepare an estimate of costs for the consultations process and for the development of the Strategy. The organizations and the ministries will develop a realistic budget of anticipated expenditures.

The ministries are responsible for procuring resources needed to support the consultation process and the development of the Strategy in accordance with the agreed upon budget.

## TASKS:

As determined through community consultation, the Aboriginal Family Violence Steering Committee will:

1. Enable Aboriginal organizations to consult with First Nations, Aboriginal constituency groups, service providers <sup>4</sup>, and Aboriginal individuals and families affected by violence.
2. Develop a definition of Aboriginal family violence which, through the interpretation of community input, may address the physical, mental, spiritual and emotional needs of Aboriginal children, youth, adults and seniors.
3. Document Aboriginal family violence needs.
4. Enable Aboriginal organizations to consult with their communities and to review existing services, programs and policies and determine their appropriateness.
5. Identify priorities for action.
6. Recommend an action plan for policy development, for increasing accessibility, coordination and level of resourcing for programming and service needs.
7. Identify roles and responsibilities of parties that should be involved in implementing the Aboriginal family violence Strategy.

## PRINCIPLES:

1. Immediate needs of Aboriginal families, communities and individuals will continue to be addressed while development of the strategic directions continue to evolve.
2. The process and strategy will address Aboriginal family violence needs in a flexible and culturally appropriate manner.
3. Consultation for the strategy will respect the terms and principles of the Statement of Political Relationship which was jointly signed by First Nations and the Ontario Government on August 6, 1991.

The consultation process will also ensure that Aboriginal and government participants are informed and educated about Aboriginal family violence issues, that needs and problems are identified, that options for resolution are developed, and that a plan for action is developed and ratified.

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<sup>4</sup> Aboriginal service providers are those that are Aboriginal mandated and controlled.



4. Decision-making by the committee will be consensual.
5. The process and strategy will be community (grass-roots) based.
6. The process and strategy will be a joint undertaking by Aboriginal groups and individuals, and by ministries of the Ontario Government.
7. The process and strategy will be a co-ordinated and comprehensive one.
8. Participants who choose to opt into this joint venture will honour their commitment to help ensure successful outcomes.

#### **PROCESS:**

1. Meetings: The Aboriginal Family Violence Steering Committee meets bi-monthly. Sub-committees may be established if necessary to carry out the work of the steering committee.
2. Chair: Both an Aboriginal and Ontario Government representative co-chair the bi-monthly meetings. The Co-Chairs ensure communication with members of the steering committee and co-ordination of the work of the committee.

#### **THE CONSULTATION PHASE**

In April 1992, the Ontario government allocated funding to the Aboriginal organizations participating in Aboriginal Family Violence Steering Committee to conduct extensive consultations in their communities regarding family violence, to set priorities, and to develop a strategy. During the consultation, the views of 6,000 people (including victims, community members, and service providers) representing 250 communities were heard. This initiative amounted to the largest single consultation of Aboriginal people ever undertaken in the province of Ontario.

Recurring themes in the consultations were the lack of services or programs offered by either Aboriginal or non-Aboriginal service providers on and off reserve to deal effectively with family violence. Existing non-Aboriginal services were identified as not being culturally appropriate or meeting the needs of Aboriginal peoples while Aboriginal specific services are often constrained by the lack of human and financial resources. The need for a wholistic and comprehensive approach to address family violence, and the desire that control over programs and services rest at the local level were strongly identified. These and other findings are contained in a summary report produced by the Aboriginal organizations, entitled Aboriginal Family Violence: Consolidated Report of Community Consultations.

In its Future Directions, the report also indicated areas to be addressed in developing a strategy to deal with family violence:

- 1) Articulation of principles.
- 2) Development of a continuum of programs and services.
- 3) Establishment of areas of priorities and resource needs.
- 4) Identification of on-going roles, responsibilities and processes.

## **THE STRATEGY DEVELOPMENT PHASE**

In moving from the consultation phase to the development of a strategy, the Aboriginal Family Violence Steering Committee changed its name to the Aboriginal Family Healing Joint Steering Committee. The change in emphasis from violence to healing and wellness indicates the direction and desired results of the Strategy. In order to formulate a comprehensive provincial strategy based on the consultations, the Steering Committee organized itself into a series of joint working groups according to the directives noted above. This report is the result of that joint effort.

## **SUMMARY OF THE CONTENTS OF THE REPORT**

The report contains a set of principles to guide the development and implementation of the Aboriginal Family Healing Strategy. Based on the priorities identified during the consultations, an eight-phase continuum of care has been developed. Entitled the Healing Continuum, it also incorporates the Aboriginal paradigm of the Life Cycle to ensure that community needs are assessed in a wholistic and comprehensive manner.

Building on the Healing Continuum, the next section of the report provides a comprehensive Strategy Framework for dealing with the identified community needs. Under each strategy the supports required, the roles and responsibilities of the Aboriginal organizations and government, and the resource and policy implications for implementation are stated.

An overall management structure for the implementation of the Strategy is proposed. Processes and protocols required at local community levels are also identified. A preliminary estimate by the Aboriginal organizations of the budget required for implementation of the Strategy follows. A framework for dealing with transition through phasing flows from the above considerations. Specific federal/provincial issues which remain outstanding are articulated. The report concludes with a series of final recommendations regarding what is required for implementation.

## **KEYS TO UNDERSTANDING THE STRATEGY**

The Strategy proposed here identifies the services and programs required to deal with the range of family violence issues in Aboriginal communities. And it does much more

than that: it also articulates a whole and comprehensive approach to healing and ultimately a path to wellness for Aboriginal communities. To grasp the full import of the Strategy, it is essential to move beyond social scientific models of service development and delivery that at best have proven ineffective in relation to Aboriginal peoples. The Strategy developed here represents a culturally appropriate alternative to conventional problem-solving approaches in that it is grounded in concepts central to the Aboriginal worldview. These concepts are intrinsically whole, inclusive of all members of a community, and comprehensive in encompassing all the stages of development in life. They are expressed in the teachings of the Wheel of Life or Life Cycle. An explanation of these teachings is offered in the Definitions section of the Healing Continuum.

## **A COMMUNITY DEVELOPMENT APPROACH**

It is important to understand that as an Aboriginal paradigm for healing family violence, this Strategy constitutes a framework for enabling communities to define their own starting points for dealing with the issues they choose to address. This is not just a sound principle of community development, it is also grounded in the Aboriginal values of respect and non-interference in the affairs of others. While the Strategy encompasses a wide range of priorities and issues identified during the consultations, it is not a prescription for communities to follow. The Strategy will be meaningful to the extent that communities assume responsibility for and have the resources necessary to meet their own needs. In order to be responsive to different communities' needs at different times, flexibility in implementing the Strategy is essential to ensure ongoing evolution and development.

## **DOING JUSTICE FROM A HEALING PERSPECTIVE**

This report examines the existing justice system, particularly the criminal justice system, within the context of the crisis facing Aboriginal communities with respect to violence and dysfunction. The evidence from the consultations indicates that such violence and dysfunction affects virtually all members of Aboriginal communities in Ontario. However, the existing criminal justice system is not designed to address community-wide problems of the type currently faced by Aboriginal communities. It is designed to address a certain level of violent behaviour by some members of society. Solutions are required which will enhance the overall healing of individuals and communities while ensuring accountability for violent and destructive behaviour.

Aspects of the criminalization of violent behaviour are not conducive to healing, particularly where no program alternatives to incarceration exist to provide for treatment and community mobilization. The focus of the current justice system on the offender alone, rather than the family and community and the offender's accountability to the family and community, restricts the ability of the system to promote a healing approach.



The Steering Committee has concluded that a criminal type of process will likely always be required to deal with some individuals and some offenses. However, through the development of community-based systems, and community-based and controlled alternatives based on a healing approach, the levels of violence and dysfunction should decrease and the need to resort to the criminal justice system would be reduced.

The development of the Aboriginal Family Healing Strategy focuses on solutions within the existing structure, which are specific to problems of family and community violence, and which do not require major legislative and major structural change. The consultations themselves did not focus on justice system issues in isolation, but only as a part of the response to family violence in Aboriginal communities. As a result, options relating to the creation of parallel Aboriginal systems of justice and major legislative and constitutional changes are not part of this Strategy, and options presented are without prejudice to more major changes in this area outside the Strategy.

The consultations identified a number of areas where enhanced cultural sensitivity in the existing system would facilitate the promotion of a healing approach. Issues of systemic bias within the justice system which have been identified in a number of recent justice inquiries will also need to be addressed if the existing system is to be able to respond effectively to a healing strategy.

There may be legislative and constitutional limitations in responding to some elements of the Strategy.

## **CONCLUSION**

If these understandings and the implications they carry represent significant challenges for government and non-Aboriginal service providers, the Strategy presents Aboriginal people with a similarly difficult challenge. To embrace healing means no less than the willingness of the Aboriginal community to re-educate themselves about who they are as peoples. It means reclaiming their cultures and traditional values and choosing to live the path of health and balance to which those values lead. Thus the way healing is conceptualized in this Strategy invites significant shifts in thinking on the part of governments, service providers, and Aboriginal communities. It challenges the way governments and Aboriginal communities do business with each other, the way Aboriginal and non-Aboriginal service providers relate to each other, and the way Aboriginal communities perceive themselves and each other. These are the necessary challenges that this Strategy addresses.







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## PRINCIPLES TO GUIDE STRATEGY DEVELOPMENT AND IMPLEMENTATION

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1. That the strategy focus on healing and wellness.
2. That the strategy be wholistic and address all of the elements of the Life Cycle teachings from conception to death: infants, toddlers, children, youth, adults, parents, grandparents, and Elders. Individual, family, relations and community wellness are integrally tied together.
3. That the strategy be comprehensive recognizing a continuum of care that includes promotion, prevention, crisis intervention, curative care, rehabilitative care, the promotion of stability, supportive resources, and training for the individual, family, relations, and community all at once.
4. That the strategy be flexible, evolving, and ongoing to ensure government and Aboriginal community coordination.
5. That the strategy support the development of alternative and culturally appropriate programs and services incorporating respect for geographic, linguistic, cultural and spiritual diversity, and lifestyle and disability issues.
6. That the strategy be developed to ensure accessibility of programs and services in all areas of the province.
7. That programs and services required to implement the strategy be directed, designed, implemented and controlled by the Aboriginal community.
8. That the strategy will be phased. During the transition it will be required that programs and services not currently provided by the Aboriginal community be delivered in a culturally appropriate manner and in conjunction with the Aboriginal community.









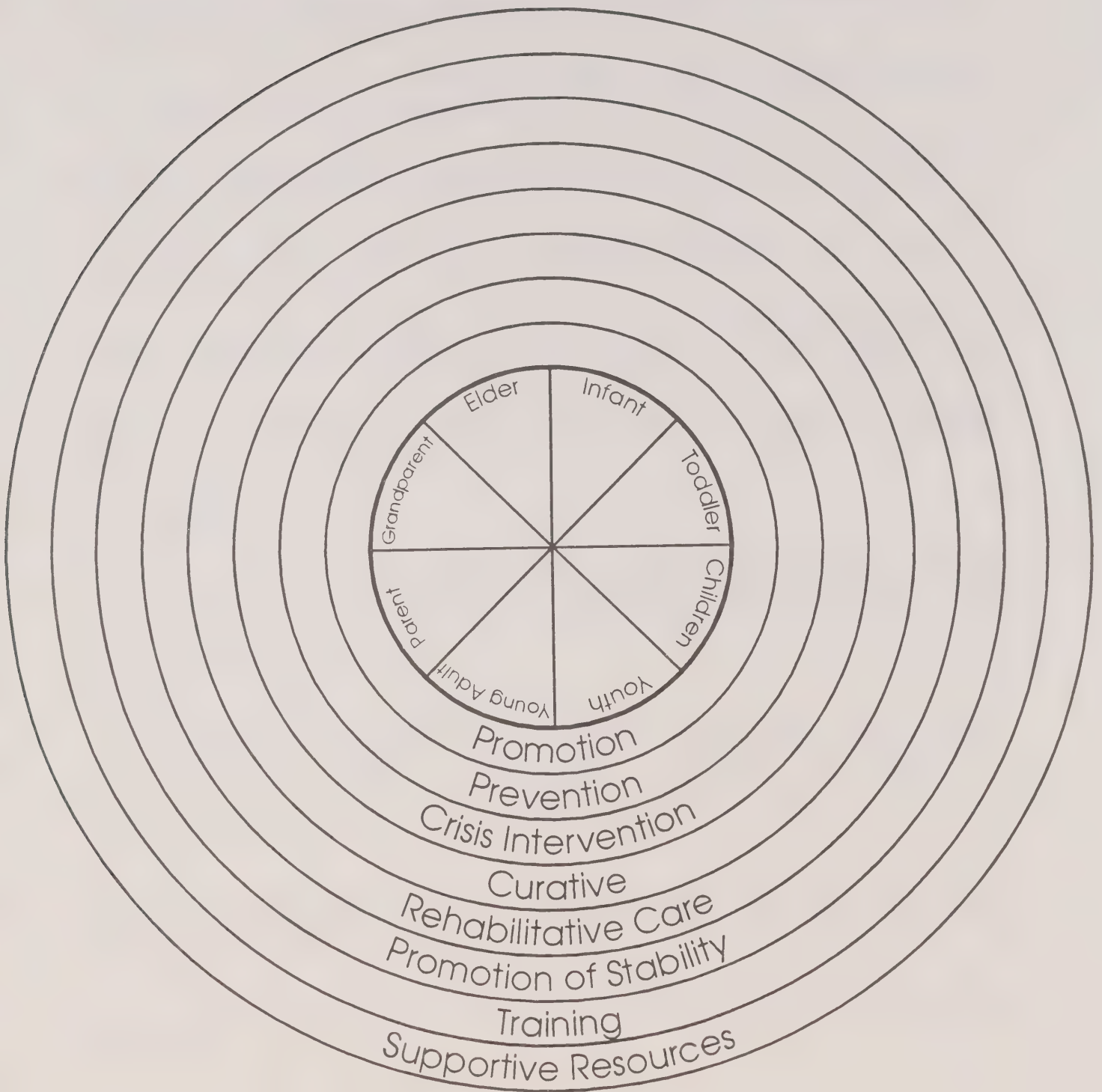






# **Healing Continuum**

## Identified Community Needs & Priorities





Young adults need to understand implications of having criminal records, (sentencing options, etc).

Young adults need to learn parenting, roles and responsibility skills as they begin to understand their purpose in life.

Young adults need to live in a nurturing and healthy environment of home, family and community and need to be respected for their personal space and time.

Young adults need the development and promotion of recreational programs, social support and sports activities as alternatives to family violence.

Young adults need to learn from their respected Elders about their roles and responsibilities as young adults and their place in the Life Cycle.

Young adults need an awareness and knowledge of the traditional clan system of kinship, governance and responsibilities which include justice and community policing.

Young adults need cultural supports from the leadership and service providers including their families and community of Elders to retain or regain their language, cultural beliefs, and values.

## **6. PARENTS:**

The defined need for the promotion of healing as a primary preventive strategy for parents involves information and education on a wide range of abuse/violence issues in the family system and on available programs to assist individuals and families desiring healing and recovery.

### **REQUIRED:**

Parents need information and awareness-building workshops on abuse issues and how they impact on the immediate family system and inter-generationally. The promotion of healing would include discussion of available programs, what healing, recovery, and wellness involves and the legal rights, obligations, and responsibilities of parents and families.

The involvement of Elders to discuss and teach traditional approaches to healing and the testimony of people in recovery would constitute significant components of the workshops.

Parents need community programs on effective parenting skills and knowledge about abuse issues.



Parents need emotional support and respite care from the community of Elders and extended family as practised in the traditional teachings.

Parents need education and training as appropriately available in post secondary, technical and vocational training institutes.

Parents need professional and community mandated services in the promotion of their healing issues, as appropriate.

Parents need programs to develop understanding of legal rights, obligations, implications, processes, roles of different persons in justice systems and what roles parents can play in promotion.

Parents need supports of safe homes, counselling supports and family circles to encourage healing from abuses.

Parents need awareness and skill development on child rearing through interaction with parenting groups and other supports.

Parents need interaction with extended families and grandparents to understand and apply healthy standards and lifestyles.

Parents need effective economic stability, provided with appropriate shelter, clothing and food for themselves and their families.

Parents need to network and communicate with service providers, corrections and police on communities' concerns and needs.

Parents need appropriate ongoing adult development with the assistance of respected Elders through family circles and traditional teachings as appropriate.

Parents need a stable and safe recovering home environment during the healing process to a healthy and balance lifestyle.

Parents need personal time and interaction with peers through social events as a time to communicate, find laughter and self identity.

Parents need to learn self respect and sexuality awareness to continue in the healing cycle to healthy living and balanced life.

## **7. GRANDPARENTS:**

The defined need for the promotion of healing as a primary preventive strategy for grandparents involves understanding the parenting role of grandparents in the family system and the discussion of family violence issues such as Elder abuse.

### **REQUIRED:**

To meet the physical, mental, emotional and spiritual needs for grandparents, promotional activities leading toward healing and healthy lifestyles must be in place in all communities. Grandparents need information and awareness-building workshops on abuse issues, including Elder abuse, their impact on the immediate family system and inter-generationally, and the legal obligations, rights and responsibilities of grandparents.

Grandparents need promotion of healing that would include discussion of what programs grandparents can participate in as individuals and/or as part of the family.

Grandparents need traditional approaches to healing, and peer testimony regarding healing and recovery.

Grandparents need to feel worthy, respected and made to feel part of the extended family and community.

Grandparents need to feel safe and supported by the leadership and service providers, their families and the community in their choice of accommodation.

Grandparents need programs to develop understanding of legal and community implications, legal obligations, rights and responsibilities.

Grandparents need to be a part of community initiatives and respected for their years of hardship and accomplished wisdom.

Grandparents need to be included in the community leadership in order to recognize and ensure their input into formative ideas.

## **8. ELDERS:**

The defined need for the promotion of healing as a primary preventive strategy is similar to that of grandparents regarding an understanding of family violence issues. However, given the spiritual role Elders play in Aboriginal communities, they have a unique role to play in promoting healing in Aboriginal communities.

**REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements for the promotion of health and well being of Elders, awareness of the cycle of abuse and the multi-generational abuses must be made available and accessible to Elders. Programs will be needed to develop general understanding of legal rights, processes, roles of different persons in justice systems and to enable Elders to generally comprehend issues.

Elders need guidance in understanding the multiple abuses in the cycle of violence as it affects all people in the continuum.

Elders need programs to involve other justice officials in community awareness (native family courtworkers, criminal courtworkers, legal clinics, inmate liaison workers, legal assistance workers, legal clinics).

Elders need to be respected and acknowledged for their contribution as healers, role models, medicine men and women, guides and keepers of the Aboriginal teachings, and utilized in the promotion of community healing by the community, service providers, and Aboriginal inmates.

Elders need workshops or gatherings to share knowledge and be utilized as resources, teachers and traditional people in Aboriginal and non-Aboriginal communities, correctional facilities and by police (Aboriginal and non-Aboriginal), regarding traditional ways/activities that could be used to promote healing.

The involvement of Elders in workshops to promote family healing for other members of the community requires that they be given adequate resources to develop materials/activities and be remunerated when appropriate for their service.

Elders need ongoing resources and support from caregivers as they become unable to care for themselves. Traditional teachings of caring for the Elders should be promoted by Elders who are yet able to carry on the teachings.

Elders need participation in promotion of healthy, balanced living.

Elders need to be understood as their time in the Cycle to pass on their teachings to those who are searching. Community members must be encouraged to learn how to seek out respected Elders.



## **B. LIFECYCLE:**

### **1. INFANTS:**

The defined need of infants for the prevention of family violence includes a safe environment in their homes and communities where their physical, mental, emotional and spiritual needs are cared for by loving caregivers, parents and extended families.

#### **REQUIRED:**

To meet the basic requirements for infants, community based care and a safe, loving home environment needs to be provided from the time of conception to the time of birth. Supports to assist mothers in providing preventative care and early childhood development must be established in all communities.

Unborn infants need to be cared for nutritionally with comfortable living environments prepared for their entry into life.

Infants need to come into a world of loving and caring parents who will provide a safety, health and preventative care for their offspring.

Infants need to become part of a community of healing to enable them to grow in a nurturing community environment.

Infants need accessible and available medical and professional care to prevent and/or monitor any further health problems.

### **2. TODDLERS:**

The defined need for toddlers involves prevention and protection for their physical, mental, emotional and spiritual well-being recognizing that in the exploring stage of toddlers, they be given safe environments to reach out to healthy parents and extended families.

#### **REQUIRED:**

Toddlers need to live not knowing sexual and physical abuse. Every effort needs to be made to allow them to live without fear.

Toddlers need appropriate early childhood development support from their caregivers.

Toddlers need safe community based daycare which is Aboriginally staffed and controlled by Aboriginal people.

Toddlers need to live in happy and safe home environments to develop during their formative years.

Toddlers need to be cared for in a culturally supportive community to enable them to grow learning their language and traditional teachings.

Toddlers need multi-faceted recreation programs planned with the needs of families in mind so that toddlers and Elders can share activities.

Toddlers health needs must be understood by their immediate family through health promotion and disease prevention programs: nutrition, vaccinations, home visits.

### **3. CHILDREN:**

The defined need for the prevention of family violence includes ensuring that infants, toddlers, and children with working parents, abusive parents or parents in treatment are cared for in a safe environment in the community. In the formative years of the child, early prevention strategies need to be considered in nurturing and moulding in these early stages of development.

#### **REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements of prevention from family violence issues, the children need to know they are safe and loved in a caring and safe family and community environment.

Children need safe, affordable day/child care facilities staffed by Aboriginal people trained in childcare.

Children need the cooperative exchange of awareness and sensitivity training between Aboriginal and non-Aboriginal childcare/child welfare workers serving Aboriginal children.

Children need adequate resources to support alternate customary care arrangements as required.

Children need informal support groups and healing circles run by trained community members for children who are in vulnerable situations or who have been abused.

Children need multi-faceted recreation programs planned with the needs of families in mind so the children and Elders can share activities, eg. cultural camps for children at risk.

Children need health promotion programs (nutrition, vaccinations, home visits etc.)

Children need Aboriginal-run daycare and child prevention programs which are designed, developed and delivered by Aboriginal people.

Children need child welfare workers who can act as community information workers to increase positive relationships with police and corrections and awareness of resources.

Children need the existing discretionary community recreation programs to be promoted as healthy preventive programs and to be made accessible and available to every child in the community.

#### **4. YOUTH:**

The defined need for the prevention of family violence for this high risk group includes positive social activities that encourage a healthy lifestyle and that can stimulate and encourage the development of leadership skills of adolescents and youth.

##### **REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements in providing preventative care for youth, family and community based prevention programs must be established by the leadership and service providers.

Youth need to be equal participants in any activities planned by their families and community.

Youth need to feel they are cared for and loved by the people in their immediate surroundings, especially family and extended family.

Youth need to be guided by respected Elders in their communities in their quest for higher ideals and education and for understanding of their traditions.

Youth need positive prevention supports, year round drop-in programs, wilderness camps, and survival skills which could include traditional teaching and interaction with Elders.

Youth and young offenders need programs that emphasize positive learning experiences and could include survival skills programs, and all the above supports needed to provide positive alternative programs for youth.

Youth need to be employed in their community as measures to preventative strategies in the prevention of family violence.

Youth need to be actively involved in youth conferences on prevention, assessment and intervention and leadership training through youth councils at the community and Band level.

Youth need workshops on how existing correctional and justice systems function and development of community alternatives to existing penal and justice systems.

Youth need to learn positive parenting skills in preparation for their future roles as parents.

Youth need to be supported with awareness programs on early pregnancy prevention.

Youth need the support and development of peer counselling programs and Aboriginal career counsellors in high schools.

Youth need to be culturally aware of traditional teachings, ceremonies, and historical backgrounds of their own people.

Youth need relationship workshops with police and corrections.

## **5. YOUNG ADULTS:**

The defined need for the prevention of family violence for young adults includes those services and programs that encourage living a healthy lifestyle and the acceptance of responsible roles in the community. Along with a focus on training and employment, cultural and spiritual apprenticeship is a focus at this stage in the life cycle.

### **REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements of young adults in the prevention strategy, supports and programs must meet their unique needs. Community and family support are required to enable young adults to participate as respected and capable members of their communities.

Young adults need to feel wanted and cared for in a nurturing family and community.

Young adults need additional supports, respite and parenting programs in their roles as young parents through drop-in services.

Family violence sensitivity, identification and assessment training workshops for youth and high risk groups affected by family violence are required.

Young adults need education and employment and the financial and emotional supports to follow their goals.

Youth need relationship workshops with police and corrections and at the same time workshops on prevention , assessment and intervention.



Conferences for Aboriginal and non-Aboriginal probation workers, service providers, staff of correctional institutions, and police.

Young adults need vocational support: financial, residential, tutoring, in attending post-secondary and training programs.

Young adults need increased accessibility to post-secondary institutions including satellite programs with accessibility to financial assistance to continued education.

Young adults need programs directed at strengthening self-esteem, self respect, interpersonal and communication skills.

Young adults need community based sexual awareness programs, teaching and talking circles, ceremonies, language training and artisan development which provide cultural and spiritual development involving Elders and traditional people as mentors as part of the healing path for this high risk group.

## **6. PARENTS:**

The defined need for the prevention of family violence for parents is based on the understanding that family violence is NOT just a women's issue. Preventive programs involve promoting positive parenting of mothers and fathers and coping skills for those of all ages who have a parenting role with Aboriginal children and youth. It is understood that life management skills for specific target groups are needed to deal with problems to prevent further deterioration. There is a definite need for informal support groups for mothers and fathers to encourage more open communication between family members.

### **REQUIRED:**

In order to meet the physical, mental, emotional and spiritual needs for parents, prevention strategies must be supportive and oriented to encourage the mutual participation of parents in all programs at the community level. Prevention training for Aboriginal and non-Aboriginal probation workers in family violence is need to effectively work families.

Parents need to revive their traditional roles as respected caregivers within the teachings of the Cycle of Life.

Parents need positive parenting and stress management support programs to assist them in their roles as caregivers.

Parents need to be understood as having witnessed multi-generational abuse, therefore, greater supports are needed for the victims, abusers and inmates in their recovery from abuse.

Parents need outreach programs for themselves and the children who have lived with violence and abuse.

Parents need support groups and healing circles run by trained community members for mothers and fathers to complement the support groups targeted for children.

Parents need safe homes and healthy environments to raise their children in an atmosphere where food, shelter and clothing are provided.

Parents need recreational and social activities as part of preventive strategies to assist them in preventing deterioration of the family unit.

Parents need to understand their culture, language, ceremonies and teachings through supportive teachings of respected Elders and extended families.

## **7. GRANDPARENTS:**

The defined need for the prevention of family violence for grandparents is premised on the understanding that family violence can affect any person on the continuum at any age and time. Preventive programs involve promoting positive grandparenting and coping skills for those of ALL ages who have a parenting role with Aboriginal children and youth; life management skills for specific target groups to deal with problems before they deteriorate; informal support groups for male and female parents.

### **REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements for prevention of further abuses of those already affected, programs need to be respectful of the needs of grandparents who may not be able to care for themselves or who have no connections with extended families.

Grandparents need healthy and safe homes to prevent further deterioration in their crisis and post crisis situations.

Grandparents need programs that ensure easy accessibility and availability to the support provided to senior citizens in Ontario.

Grandparents need home support programs such as Meals on Wheels, Homecare and Homemakers to assist those who choose to live on their own.

Grandparents need Seniors' Homes and Nursing Homes especially when they are no longer able to care for themselves or have no extended families to care for them.

Grandparents need to be respectfully accepted to assist others in the community to restore pride of identity and make a positive contribution to society.

## **CRISIS INTERVENTION**

### **DEFINITION:**

Crisis intervention is identified specifically and included under treatment services. It is one of the most important areas in which services are identified as being most urgent. It is the most immediate and distressing time within a situation of family violence and as such cannot wait for services to be developed. Resources have to be available within the community at the site and time of crisis.

Crisis intervention in a justice context means intervening in a family violence incident to address the implications and causes of the incident, ensure the safety of victims/offenders, families and communities and promote personal accountability of offenders to victims, families and communities.

### **A. ABORIGINAL LEADERSHIP AND SERVICE PROVIDERS**

In order to provide immediate crisis intervention in Aboriginal communities there needs to be networking within Aboriginal communities by service providers, which is supported by the Aboriginal leadership. Aboriginal leadership and service providers need to take the initiative to establish on-going training and recruitment for community members to establish crisis intervention teams. Aboriginal leadership needs to establish a community based mandate for reporting incidents of crisis situations, which respects not only a family's right to privacy but the rights of those people that are being affected by family violence situations. Crisis intervention initiatives need to include appropriate resources that allow for support of a community-based justice alternative and which will encourage enhancement of the existing justice system to respond to crisis situations in a manner consistent with family healing.

### **REQUIRED:**

Aboriginal leadership needs to have community involvement in determining crisis intervention reporting mandates for the community.

Aboriginal leadership needs to support community initiatives on crisis intervention, including community-based alternatives to incarceration and encourage the enhancement of the existing justice system to respond to crisis situations in a manner consistent with family healing.

Aboriginal leadership needs to take the lead role to encourage community responsibility for crisis intervention initiatives.



## **B. LIFECYCLE:**

### **1. INFANTS:**

The defined need for infants at the time of crisis intervention involves ensuring the immediate safety of infants and immediate recognition of sexual, physical, mental, emotional, and spiritual abuse symptoms. Community supports are required for infants overall well-being.

#### **REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements of an infant, community-based safe homes and emergency shelter recognizing the extended family as a viable resource are required.

Infants require a network of families in the community that are able to care for their physical, mental, emotional and spiritual needs.

Infants require caregivers in crisis situations that can provide adequate shelter, food and clothing.

Infants require community-based resources to effectively manage difficulties such as fetal alcohol syndrome, physical handicaps such as deafness, blindness and emotional and mental difficulties and such negative effects of family violence.

Unborn infants need community support home-visits to ensure the on-going safety or support needs of the unborn infant and family.

Unborn infants need to have reporting mandates established between medical personnel and/or service providers and the community crisis team, on behalf of the expectant mother. Unborn infants need to have community supports such as Elders who will provide cultural teachings to the expectant mother as a crisis intervention strategy.

Infants need to be provided with traditional ceremonies to begin their healing process.

### **2. TODDLERS:**

The defined need for toddlers involves immediate safety of the toddler and recognition of sexual, physical, mental, emotional and spiritual symptoms. Community supports are required for toddlers well-being.



**REQUIRED:**

To meet the physical, mental, emotional, and spiritual requirements of a toddler, community-based safe homes and emergency shelter recognizing the extended family as a viable resource are required.

Toddlers require a network of families in the community that are able to provide stable home care; recognizing a toddlers need for "safety", i.e. poisons located in inaccessible areas, plugs and sockets are covered, gates on stairs, etc.

Toddlers require caregivers in crisis situations that provide adequate shelter, food and clothing.

Toddlers require resources to safely explore their environment, such as safe outdoor space. Toddlers also require community based support where they can interact with others.

Toddlers require resources to express and understand their situation through play groups and interactive books.

Toddlers need resources to deal with physical, emotional, and mental and other effects of family violence, i.e. hyperactivity, blindness, deafness and speech and such learning problems.

Toddlers require traditional resources to enable them to begin a healing process.

**3. CHILDREN:**

The defined need for a child involves immediate safety of the child and recognition of sexual, physical, mental, emotional and spiritual symptoms. Community supports are required for the child's well-being.

**REQUIRED:**

To meet the physical, mental, emotional and spiritual needs for a child, community-based safe homes and emergency shelters recognizing the extended family as a viable resource are required.

Children require a network of families in the community that are able to provide stable care.

Children in crisis situations require caregivers to provide adequate shelter, food and clothing.

Children need to have a safe environment to explore individually as well as positive interaction with other children.

Children need resources to continue participating in school, or alternative provisions for schooling be provided.

Children need community based support resources for the physical, emotional and mental disabilities.

Children need to have resources that can provide the opportunity to express and understand their situation through one-on-one counselling, play groups and interactive books.

Children need to have traditional teachings and ceremonies to begin their healing process.

Children need to have clearly identified community supports such as designated "Block Parents" to enable the child to initiate and seek safety and assistance in a crisis situation.

Children require access to 24 hour telephone crisis/emergency hotlines to be accessible and available for assistance. All calls from children should be taken seriously and investigated immediately.

#### **4. YOUTH:**

The defined need for youth in crisis intervention involves their immediate safety, immediate assessment of sexual, physical, mental, emotional, spiritual abuse symptoms. Recognition of the possibility of drug/solvent/alcohol abuses and the related dangers.

##### **REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements of youth, community-based safe homes, group homes and emergency shelters are required, recognizing the extended family as a viable resource.

Youth require resources to deal with suicide prevention, intervention and aftermath.

Youth require community supports including rape crisis lines, and 24 hour crisis hot lines, dealing with issues on suicide, drug/solency/alcohol abuse, and all forms of violence.

Youth require that Aboriginal and non-Aboriginal crisis line personnel be trained in family violence awareness and assessment and educated on available resources.

Youth need the development of trained community crisis teams who are trained in family violence awareness, assessment and crisis intervention.

Youth in crisis situations require caregivers to provide adequate shelter, food and clothing.

Youth require community support resources to handle physical, mental, and emotional disabilities.

Youth require community resources to continue participation in school or the provision of alternative schooling.

Youth need the opportunity to express and understand their situation through one on one counselling and/or group counselling.

Youth need to have resources for them to be involved in traditional teachings and ceremonies to begin their healing process.

Youth require recreational activities to begin healthy interaction with others.

Youth who are the abusers in the crisis situation need to have fair legal representation at the time of crisis intervention and need the development of Aboriginal crisis intervention approaches as alternatives to criminalization process in the existing justice system.

Youth require clearly identifiable community supports such as designated "Block Parents", to enable them to initiate and seek safety and assistance in a crisis situation.

## **5. YOUNG ADULTS:**

The defined need for young adults in crisis situations involves ensuring their immediate safety, and immediate recognition of sexual, physical, mental, emotional, spiritual abuse symptoms. Immediate recognition of alcohol/solvent/drug abuse is necessary to prevent further crisis situations.

### **REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements for a young adult, community-based safe homes, group homes and emergency shelters are required, recognizing the extended family as a viable resource.

Young adults require immediate physical safety at the time of crisis intervention; resources need to be available to identify alcohol/drug/solvent abuses in order to prevent further danger, including suicide intervention.

Young adults who are abusers in crisis situations need community-based alternatives to incarceration, respecting the dangers of threatening behaviours and/or suicidal tendencies.

Young adults need access to community supports including rape crisis lines, and 24 hour crisis hot lines on issues such as suicide, drug/solvency/alcohol abuse.

Young adults require adequate resources to ensure that adequate shelter, food and clothing is provided.

Young adults require community-based supports for physical, mental, and emotional disabilities.

Young adults require community supports to continue participation in school, or that alternative provisions for schooling are provided.

Young adults require recreation opportunities to interact in a healthy way with other young adults.

Young adults require the opportunity to express and understand their situation through one on one counselling and peer counselling.

Young adults require traditional teachings, ceremonies and Elders' guidance to begin a healing process.

## **6. PARENTS:**

The defined need for parents in crisis situations involves ensuring their immediate safety, and immediate recognition of sexual, physical, mental, emotional, spiritual abuse symptoms. Immediate recognition of alcohol/solvent/drug abuse is necessary to prevent dangerous situations. Community supports are required for the well-being of the family.

### **REQUIRED:**

To meet the physical, mental, emotional and spiritual needs of parents, community-based safe homes and emergency shelters are required; these safe homes must include adequate resources for the inclusion of the family.

Parents require community supports to provide on-going resources for families who remain in the home; such as adequate food and clothing. These families must have access to programs and services provided by community-based safe homes and emergency shelters.

The woman's right to remain in the home with the children must be respected by the partner and the community. Therefore, accommodation for males must be available.



Parents immediate physical safety must be identified in crisis situations i.e identification of alcohol/drug/solvent abuses in order to prevent further danger, including suicide intervention.

Parents must have access to community alternatives to incarceration at the time of crisis intervention.

Parents must have access to community supports including rape crisis lines, and 24-hour crisis hot lines.

Parents require community-support resources for physical, mental, emotional disabilities.

In circumstances where the parent is enroled in school(s), resources are required to continue participation, or alternative provisions for schooling must be provided.

Parents require recreation resources for individual and families.

Parents require resources for the opportunity to express and understand the situation through one-on-one counselling and family, group or peer counselling.

Parents need to have resources incorporate the use of ceremonies and Elders guidance to begin a healing process.

## **7. GRANDPARENTS:**

The defined need for grandparents in crisis situations is to ensure their immediate safety and the immediate recognition of sexual, physical, mental, emotional, spiritual abuse symptoms. Immediate recognition of alcohol/solvent/drug abuse is necessary to prevent dangerous situations. Community supports are required for the well-being of families.

### **REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements for grandparent(s) community-based safe homes and emergency shelters are required.

Similar to parents, community supports must be in place to provide on-going resources such as adequate shelter, food and clothing for grandparents who remain in the home.

Grandparents must have access to programs and services provided by community-based safe homes and emergency shelters.

Male grandparents need to have residences to go to so that they can respect the woman's/family's right to remain in the home.

Grandparents require immediate physical safety in the identification of alcohol/drug/solvent abuses in order to prevent further danger, including suicide intervention.

Grandparents may need to have access to translation services.

Grandparents need to have community-based alternatives to incarceration.

Grandparents need to have access to community supports including rape crisis lines, and 24 hour crisis hot lines.

Community-support resources are required for grandparent(s) with physical, mental, emotional disabilities.

Grandparents need resources for recreation to enable the parents and families to have the opportunity to interact in a healthy way with others.

Grandparents require the opportunity to express and understand the situation through one on one counselling and group, family or peer counselling.

Grandparents need the guidance of Elders, opportunities for traditional teachings and ceremonies for healing.

## **8. ELDERS:**

The defined need for crisis intervention for Elders is similar to that of grandparent(s). However, recognition of the spiritual role of Elders in the community, and their role in the spiritual healing for community members that require crisis intervention needs to be identified.

### **REQUIRED:**

To meet the physical, mental, emotional and spiritual needs of Elders, (the same as for grandparents) safe homes and emergency shelters are required.

There needs to be community networking among Elders in the community to provide a base for Elders to seek guidance, counsel and healing from other Elders.

Where Elders are the abusers in crisis situations; the community must have resources available i.e. counsel and support, through other Elders and service providers.

## **B. LIFECYCLE:**

### **1. INFANTS:**

The defined need of the infant is availability of, and accessibility to, programs and services that will ensure the breaking of the cycle of violence.

#### **REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements of an infant, treatment services that are family oriented are required.

Unborn infants require treatment that is focused on their physical, mental, emotional and spiritual well-being, including nutrition, traditional caregiving, family counselling and spiritual teachings for expectant mothers.

Infants need access to incorporate the use of traditional treatment approaches such as ceremonies, medicines and spiritual healing.

Infants require caregivers that have traditional teachings on the traditional continuum needs of infants.

Infants born to mothers who used or abused drugs, alcohol, or solvents will require specialized infant treatment to deal with the effects such as short/long term withdrawal.

Infants require Continuum of treatment from crisis intervention to aftercare.

### **2. TODDLERS:**

The defined need of the toddler is availability of, and accessibility to, programs and services that will ensure breaking the cycle of violence.

#### **REQUIRED:**

Toddlers require family oriented treatment that recognizes their physical, mental, emotional and spiritual well-being requirements.

Toddlers require access to family therapy sessions and counselling in treatment and aftercare.

Toddlers need access to incorporate the use of traditional treatment approaches such as ceremonies, medicines and spiritual healing.

Toddlers require caregivers that have traditional teachings on the traditional continuum needs of toddlers.

Toddlers require a continuum of treatment from crisis intervention to aftercare.

Toddlers require opportunities for age appropriate counselling, including aftercare/follow-up counselling.

### **3. CHILDREN:**

The defined need of the child is availability of, and accessibility to, programs and services that will enable the child to break the cycle of violence.

#### **REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements of a child, treatment services that are family oriented are required.

Children need access to incorporate the use of traditional treatment approaches such as ceremonies, medicines and spiritual healing.

Children require caregivers that have traditional teachings on the traditional continuum needs of children.

Children who experiment with drugs, alcohol, or solvents will require specialized treatment to deal with the effects such as short/long term withdrawal.

Children require Continuum of treatment from crisis intervention to aftercare, including mental health.

Children require opportunities for age appropriate counselling, including aftercare/follow-up counselling.

### **4. YOUTH:**

The defined need of the youth is availability of, and accessibility to, programs and services that will enable the youth to break the cycle of violence.

#### **REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements of a youth, treatment services that are family oriented are required.

Youth need access to incorporate the use of traditional treatment approaches such as ceremonies, medicines and spiritual healing and healing circles.

Youth require caregivers that have traditional teachings on the traditional continuum needs of youth.



Youth who use and/or abuse drugs, alcohol, or solvents will require specialized treatment to deal with the effects such as short/long term withdrawal.

Youth require continuum of treatment from crisis intervention to aftercare, including mental health treatment centres for 18 and younger.

Youth require access to age appropriate abuser/offender treatment programs, services and supports.

Youth require opportunities for age appropriate counselling, including aftercare/follow-up counselling, telephone counselling and peer counselling outside school.

## **5. YOUNG ADULTS:**

The defined need of the young adult is availability of, and accessibility to, programs and services that will enable the young adult to break the cycle of violence.

### **REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements of a young adult, treatment services that are family oriented are required.

Young adults need access to incorporate the use of traditional treatment approaches such as ceremonies, medicines and spiritual healing and healing circles.

Young adults require caregivers that have traditional teachings on the traditional continuum needs of young adults.

Young adults who use and or abuse drugs/alcohol/or solvents will require specialized treatment to deal with the effects such as short/long term withdrawal, short/long term side effects, addictions, etc...

Young adults require continuum of treatment from crisis intervention to aftercare, including addictions follow-up.

Young adults require access to abuser/offender treatment programs, services and supports, including cultural training for abusers, lifeskills training for men.

Young adults require opportunities for age appropriate counselling, including aftercare/follow-up counselling and telephone counselling.

Young adults require treatment programs, services and supports that are culturally appropriate and which recognizes the need to specifically deal with Aboriginal issues.

## **6. PARENTS:**

The defined need of the parents is availability of, and accessibility to, programs and services that will enable the parents to break the cycle of violence, especially if they have been victims or abusers.

### **REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements of parents, treatment services that are family oriented are required.

Parents need access to incorporate the use of traditional treatment approaches such as ceremonies, medicines and spiritual healing and healing circles.

Parents need a wide variety of resources to able them to learn their traditional teachings and responsibilities as parents. Parents also need resources and opportunities which will meet their needs as individuals.

Parents require caregivers that have traditional teachings on the traditional continuum needs of parents.

Parents who use and or abuse drugs/alcohol/or solvents will require specialized treatment to deal with the effects such as short/long term withdrawal, short/long term side effects, addictions, etc.

Parents and their families require continuum of treatment from crisis intervention to aftercare, including addictions follow-up and alternatives to incarceration.

Parents require access to abuser/offender treatment programs, services and supports, including cultural training for abusers, lifeskills training for men and for women.

Parents require opportunities for individual/family counselling, including aftercare/follow-up counselling and telephone counselling.

Parents require treatment programs, services and supports that are culturally appropriate and which recognizes the need to specifically deal with Aboriginal issues.

## **7. GRANDPARENTS:**

The defined need of the grandparent is availability of, and accessibility to, programs and services that will enable the grandparent to break the cycle of violence, especially if they have been victims or abusers.

**REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements of grandparents, treatment services that are family oriented are required.

Grandparents need access to incorporate and begin practising the use of traditional treatment approaches such as ceremonies, medicines and spiritual healing and healing circles.

Grandparents require caregivers that have traditional teachings on the traditional continuum needs of grandparents.

Grandparents require caregivers who respect and understand the role of the grandparents and as a result will care for the grandparent appropriately.

Grandparents require a variety of treatment resources to respond to their physical needs, i.e. nutrition, hearing aids, wheelchairs, large print books, etc...

Grandparents who use and or abuse drugs/alcohol/or solvents will require specialized treatment to deal with the effects such as short/long term withdrawal, short/long term side effects, addictions, etc...

Grandparents and their families require continuum of treatment from crisis intervention to aftercare, including addictions follow-up.

Grandparents require access to abuser/offender treatment programs, services and supports, including cultural training for abusers, lifeskills training for men and for women.

Grandparents require opportunities for individual/family counselling, including aftercare/follow-up counselling and telephone counselling.

Grandparents require treatment programs, services and supports that are culturally appropriate and which recognizes the need to specifically deal with Aboriginal issues.

**8. ELDERS:**

The defined need of the Elder is similar to that of grandparents. However, recognition of the spiritual role is vital to enable the Elder to play a positive role in breaking the cycle of violence.

**REQUIRED:**

In addition to the programs, services and supports are required for Elders.

Elders more frequently require caregivers who can speak Aboriginal languages.

Elders require opportunities to begin practising the use of traditional treatment approaches such as ceremonies, medicines and spiritual healing and healing circles.

Elders need other Elders as an established support group during the continuum of treatment from crisis intervention to aftercare.



**REQUIRED:**

To meet the rehabilitative care of infants at their stage in life, supportive services provided by trained service providers and the teachings of the traditional Elders are required as basic and important to the parents on behalf of the child.

Infants need rehabilitative care and nurturing especially in the stages from conception to birth.

Infants need special care during and after conception, therefore pregnant mothers and teen supports need to be set up by the leadership and service providers to ensure ongoing awareness of the basic nurturing needs of fetal growth and infancy needs.

Infants need to be provided with a safe and nurturing environment so that their beginning can be enhanced in a positive way.

Educational institutions should be required to incorporate Aboriginal traditional teaching and respect for life as taught by Aboriginal traditions.

Infants need Immunization clinics to be developed to incorporate Aboriginal traditional teachings and respect for life as taught by Aboriginal traditions.

**2. TODDLERS:**

The defined need for rehabilitative care in the healing strategy is based on the concept that toddlers suffer from the after effects of problems arising from family violence throughout the cycle of abuse. The effects of emotional, physical, mental and spiritual pain that they may encounter during the crisis must be identified and treated. It is imperative that the leadership and service providers include toddlers in all supportive programs in the building of healthy family functioning.

**REQUIRED:**

To meet the rehabilitative care of toddlers at their stage in life, their physical, mental, emotional and spiritual requirements must be met through supportive care by their immediate caregivers and trained service providers.

Toddlers need Aboriginal specific daycare programs in their communities.

Toddlers require services to include respite care for mothers who otherwise do not have extended families.

Toddlers need programs that are Aboriginal specific to include traditional teachings to toddlers and children and should be enhanced into present systems daycare systems.

More awareness programs on traditional child rearing must be built into current programs to enhance the ideals of wholistic rehabilitative care.

Programs involving cultural activities and language need to be activated by the leadership in each community in order to revive the importance of Aboriginal beliefs and values as practised by the respected Elders.

### **3. CHILDREN:**

The defined need for children's overall rehabilitative care is based on the concept of happy children. Children's lives should be a time of laughter and humour with the inclusion of healthy caregivers who can provide the basic everyday enjoyment to their children's growth years. Children are greatly affected by the trauma of family violence and should be considered in all programs in the healing continuum, so that their rehabilitation from the effects are taken care of.

#### **REQUIRED:**

To meet the rehabilitative care of children in their stage of life in the continuum of healing and to become fully functioning within all aspects of their lives after the initial problem has been identified and raised, it is imperative that supportive care by their immediate caregivers and trained service providers are enhanced.

Children need happy learning environments where all educators are continuously aware of family violence issues and involved in developing a child's self-esteem as part of the rehabilitative care of the children.

Children's awareness programs have to be in place with the inclusion of their immediate caregivers and extended families; where children do not have to feel they are to blame for violent situations.

Children require community programs geared to enjoyment and freedom to laugh and enjoy life, and not restricted to rules and isolation from programs due to financial hardships.

Children require parenting programs which are supported by the leadership and service providers and their immediate caregivers in each community.

Children require cultural activities and language programs which are built into all educational and social programs keeping in mind the basic needs of children to be happy and safe.

Children require programs that are set up in all Aboriginal communities for after school, building on the understanding that more families have both working partners and single mothers may not be able to afford caregivers after school.

#### **4. YOUTH:**

The defined need for youth in rehabilitative care is their basic need to feel wanted and respected for who they are as valued members of the family unit. No program should ignore the youth's participation in the overall extended family unit and their need to be a part of the traditional teachings of Aboriginal values and beliefs. Youth are the product of the families' upbringing whether negative or positive and may carry with them many issues brought on by years of witnessing and being abused. The fact that young men and women are living on the street, shows the lack of supports available.

##### **REQUIRED:**

To meet the rehabilitative care of youth at their stage in life, their physical, mental, emotional and spiritual requirements must be met through supportive care by their immediate caregivers and trained service providers.

Youth need to be included in the immediate and extended family unit and to be an integral part in the family healing.

Youth need to be aware of community matters and should be included as youth council members in the community.

Programs should be focused on youth's need to be seen as valued members in any activity and respected for their input into programs.

Programs need to be centred on Aboriginal specific activities and linguistically encouraged to give them the basic understanding of maturity as guided by the respected Elders.

Youth need educational programs and physical activity programs need to be revived for after school participation in sports and other activities.

Youth need alcohol and drug addictions awareness programs that are targeted specifically at them.

Correctional institution and Probation programs for youth need to be more wholistic and community-based. They should be Aboriginal specific, so that learning may occur in the process.

Youth need to be included in the planning of meaningful activities and programs generated by the Aboriginal leadership and service providers.

Youth need cultural activities and traditional teachings by respected Elders at this stage of life and should be set up by the leadership and service providers that is respectful to this stage in life.



Youth on the streets are indicators of the lack of services and direction. Facilities must be made available for youth to congregate for positive peer supports and effective programs designed for and by the youth.

## **5. YOUNG ADULTS:**

The defined need for young adults in the healing strategy to become fully functioning through rehabilitative care is based on the concept that their basic need is for nurturing and love in an immediate and extended family unit. The continuum recognizes that the young adult may not have had opportunities to be children and forced to be parents at very young ages. Therefore, it is vital that leadership and service providers acknowledge the need to produce services and programs that are centred on nurturing and care for the individual young adult.

### **REQUIRED:**

To meet the rehabilitative care of young adults at their stage in life, their physical, mental, emotional and spiritual requirements must be met through supportive care by their immediate caregivers and trained service providers.

Young adults need to be included in their immediate and extended family unit and to be an integral part of the family healing process.

Young adults need programs that are rehabilitative as there may have been past abuses they may need to deal with.

Housing programs and policies have to be in place for young adults since many are living in overcrowded, and many times unhealthy environments.

Support programs and healing circles, guided by respected Elders need to be in place, with community based self-awareness teachings in a culturally appropriate setting.

Programs that are Aboriginal and traditionally educational need to be established to teach the basic cycle of life teachings of Aboriginal people.

Programs that are specific to "drop back" to school have to be initiated by the leadership to encourage young adults to continue their education.

## **6. PARENTS:**

The defined need for the rehabilitation for parents in the healing continuum has been identified as assisting families to become fully functioning after the initial problems of violence have been identified and treated. Multi-generational abuses have caused families and parents to become fragmented and caused disunity in their families and communities. The need for harmony, respect, caring and sharing in family units and



communities has been identified as a priority, along with the physical, mental, emotional and spiritual well-being of parents and families. The growing need for extended families is obvious when more families are either male-led or female-led parents.

**REQUIRED:**

To meet the rehabilitative care of parents at their stage in life, their physical, mental, emotional and spiritual requirements must be met through support care by trained service providers.

Parents need parenting workshops, supportive parenting groups, and respite care by trained service providers and respected Elders.

Healing circles need to be incorporated in all communities as part of the healing process and offer guidance through supportive programs by trained service providers.

Aboriginal specific and linguistically appropriate traditional parenting teachings have to be made available in all communities and facilitated by trained service providers and respected Elders.

Programs specific to parents have to be wholistic in that the physical, mental, emotional, and spiritual healing must be taught and initiated through the use of trained service providers, respected Elders and traditional ceremonies where respect for roles of each individual are taught.

Ongoing educational programs should be established to generate higher educational visions of parents.

Parents need awareness programs on alcohol and drug addictions, family violence issues and healthy lifestyles in place in all Aboriginal communities.

Parents need social activities incorporated as part of effective rehabilitative care programs.

**7. GRANDPARENTS:**

The defined need for rehabilitative care in the healing strategy for grandparents is based on the concept that grandparents suffer from the after effects of problems arising from family violence and multi-generational pains of abuse.

**REQUIRED:**

To meet the rehabilitative care of grandparents at their stage in life, their physical, mental, emotional and spiritual requirements must be met through supportive care by their immediate caregivers and trained service providers.

There is a general need for grandparents to feel respected and cared for after having raised their own children, and to be provided with healthy livable environments should they choose to live independently.

Grandparents need to be involved in lifeskills and in teaching and passing on their knowledge to their offspring and future generations.

Grandparents need better housing programs and rehabilitative care should they choose to live independently.

Grandparents need to be involved in social activities where they can teach their skills at the same time.

Grandparents need appropriate nutritional programs and other basic human needs to assist them in healthy lifestyles in their rehabilitation process.

Grandparents need Homemakers programs and other home supports to assist them in their rehabilitation.

## **8. ELDERS:**

The defined need for Elders in rehabilitative care to assist them in becoming fully functioning is based on the concept that they need greater comfort and support in their crisis aftermath.

### **REQUIRED:**

To meet the rehabilitative care of Elders at their stage in life, their physical, mental, emotional and spiritual requirements must be met through supportive caregivers and trained service providers.

Elders need to be recognized and acknowledged as valued and productive citizens in their communities.

Elders need to be acknowledged as teachers and capable of sharing the wisdom accumulated throughout their lifetimes.

Elders need to be included in all activities in relation to the four stages of life in the continuum.

Elders' nurturing ways must not be overlooked in the planning of programs by the leadership and service providers.

Elders need workshops in a traditional teaching setting for their rehabilitative support and treatment.

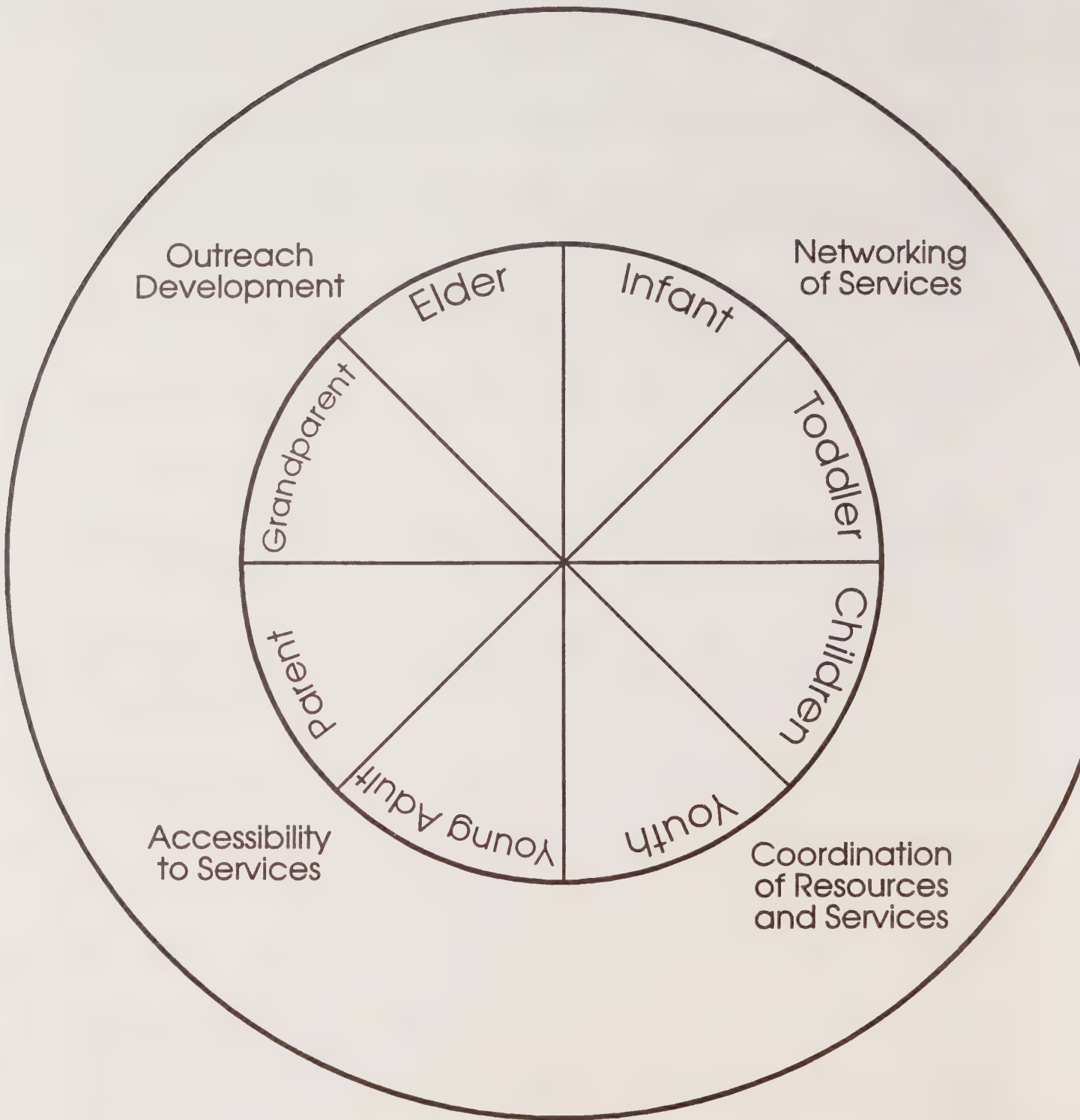
Elders need programs that encourage healthy living and lifestyles.

Housing programs should be considered as a priority for the Elders in their communities, along with Senior Citizen's accommodation for Elders who have no extended family to care for them and for those who choose not to be hospitalized.

School programs should include the use of Elders in workshop facilitation and participation in joint working relationship with children and Seniors Programs.

Aboriginal specific, culturally and linguistically appropriate traditional activities should be established for the whole community to participate in teaching of the cycle of life as part of rehabilitative care.

# Promotion of Stability





## **PROMOTION OF STABILITY**

### **DEFINITION:**

The promotion of stability in individual communities and the larger Aboriginal community in the province occurs when services are networked and resources are coordinated throughout the continuum of healing. The promotion of stability in a justice context means the promotion, networking, and coordination of justice healing responses and opportunities in a timely, wholistic and continuous manner to ensure individual, family, and community stability.

### **REQUIRED:**

#### **1. NETWORKING OF SERVICES**

- A) Effective communication mechanisms need to be in place at all levels to provide support and learning through sharing of experiences during the implementation of the Aboriginal Family Healing Strategy.
- B) A series of protocols are required between Aboriginal and non-Aboriginal service providers, on and off-reserve services, the Aboriginal Provincial Territorial Organizations and the Aboriginal leadership, communities and schools, is required to facilitate cooperation, networking, information sharing, and resource coordination.
- C) Aboriginal justice healing responses and opportunities in the Aboriginal community, Government of Ontario and related services in the broader public sector need to be promoted.
- D) Judges, crown attorneys, lawyers, corrections personnel, and police need to be involved in the development, implementation, and evaluation of justice healing strategies.

#### **2. COORDINATION OF RESOURCES**

- A) A series of protocols need to be developed between the Aboriginal leadership and the Government of Ontario to increase availability and coordination of transportation services, translation services, medical service, residential and education services, and access to government funding information and sources. Protocols need to address the distances and needs for access of northern communities.

- B) The development, implementation, and evaluation of methods for the coordination of justice healing responses with broader public sector services (eg. half-way houses, police, children's services).
- C) Funding criteria and policies need to be coordinated to promote community control of programming.
- D) Government to maintain an accurate inventory of available programs, services, resources and supports. This list to be readily available to Aboriginal organizations.

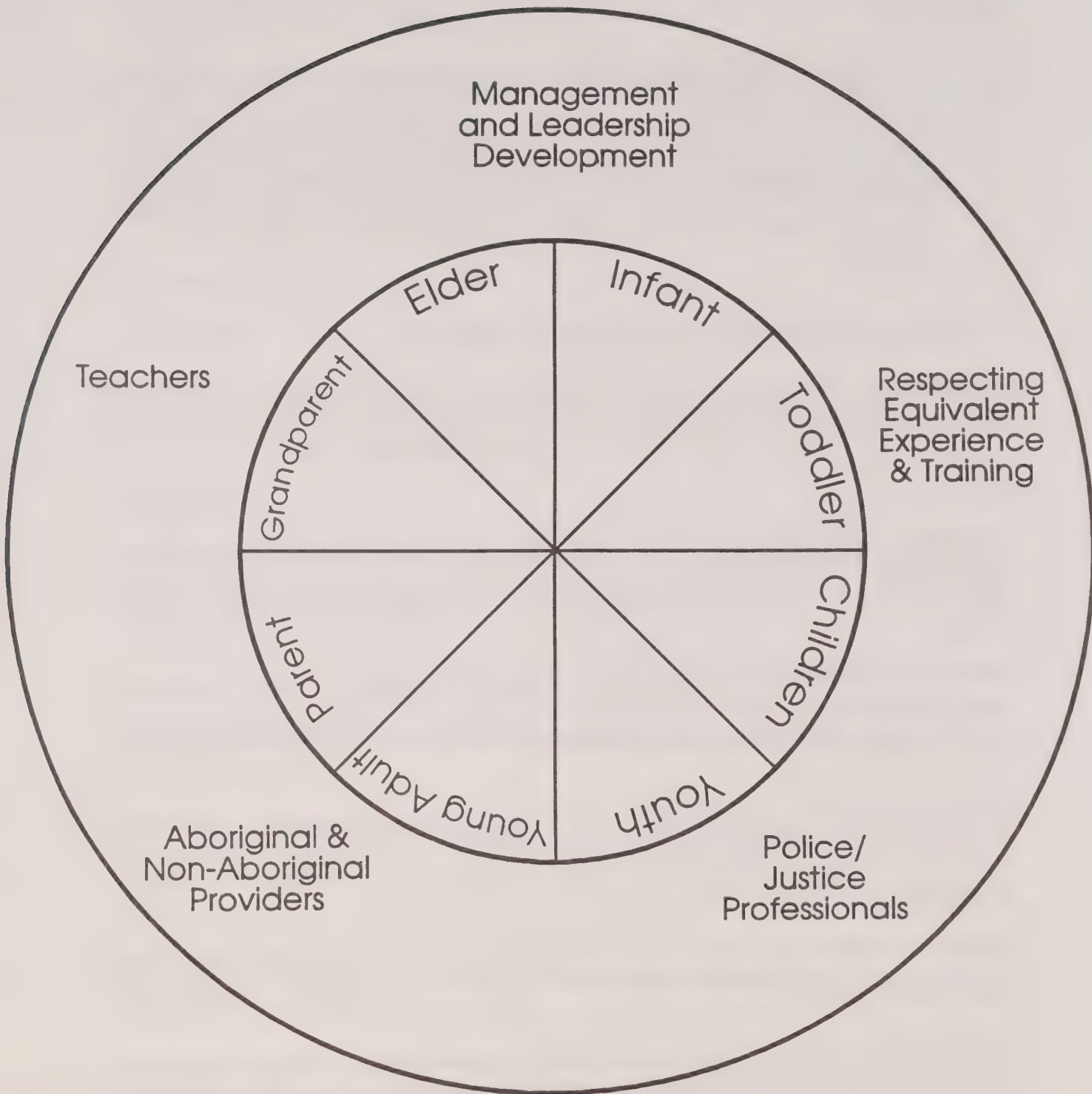
### **3. ACCESSIBILITY TO SERVICES:**

- A) Increased transportation services, translation services in recognition of needs of Aboriginal communities especially in the remote/isolated northern regions.
- B) More funding to compensate for distance costs to access resources. Including financial support for those leaving violent situations.
- C) More access to post-secondary education including providing post-secondary and/or alternatives in remote/isolated northern Aboriginal communities.
- D) Increased access to and representation of Aboriginal communities on local non-Aboriginal justice related boards and commissions.

### **4. OUTREACH DEVELOPMENT:**

- A) Provincial Territorial Organizations and Aboriginal leadership should be considered a viable resource in community awareness and involvement in the promotion of the Aboriginal Family Healing Strategy.

# Training



## **TRAINING**

### **DEFINITION:**

Training is a fundamental requirement of any program and must be consistent, planned and ongoing so that it can provide for incremental healing for all stages in the Life Cycle. Training is required to develop the necessary knowledge, skills and attitudes needed to develop, implement, deliver and evaluate effective and justice healing responses and opportunities to individuals, families and communities in a coordinated manner. Effective training programs that provide for initial basic training as well as ongoing professional development are required.

### **A. ABORIGINAL LEADERSHIP AND SERVICE PROVIDERS**

In order to provide communities with sufficient skills to ensure professional management and evaluation of family healing programs, community leadership must recognize training as a priority and fundamental requirement.

#### **REQUIRED:**

Aboriginal leadership needs to direct teams of facilitators to design, develop and deliver a variety of awareness-building workshops to promote the Aboriginal Family Healing Strategy under the management of Aboriginal Provincial Territorial Organizations.

Aboriginal leadership and service providers must work jointly to develop community-based prevention strategies coordinated in a way to train current Aboriginal service providers as well as for the development of new Aboriginal staff required for programs and services.

Aboriginal leadership and service providers must work jointly to design, develop and deliver crisis intervention strategies and effective training programs to enable Aboriginal Family Healing to be planned, consistent and allow for ongoing development and evaluation.

Aboriginal leadership and service providers must work jointly to design, develop and deliver programs to promote stability and effective training programs throughout the continuum of healing.

Aboriginal leadership and service providers must work jointly to design, develop and deliver curative health care strategies and effective training programs for effective wholistic treatment.



Aboriginal leadership and service providers must work jointly to design, develop and deliver rehabilitative programs and effective training programs to assist their communities to become fully functioning.

Aboriginal leadership and service providers must work jointly to design, develop and deliver effective training programs and professional development of their members.

Aboriginal leadership and service providers must work jointly to design, develop and deliver a wide range of supportive services and effective training programs that are efficient, effective and effectual.

## **B. LIFECYCLE:**

### **1. INFANTS:**

The defined need for infants in the healing continuum is based on concept of healing. It is essential that infants' needs are understood by immediate caregivers and given training to meet the needs of infants.

#### **REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements of training on behalf of infants, training initiatives of parents and extended family will assure that infants' needs are understood. Training initiatives on behalf of infants include understanding and knowledge of the following concepts:

Infants need to be cared for from the time of conception to birth and parents must be supported in understanding fetal health.

Infants require proper nutrition, clothing and safe homes in their sharing of joy and love to their families.

Infants require appropriate early childhood development and must be understood by their parents through awareness and parenting skills development.

Infants require Aboriginal community based daycare which is supported by parents in the community who control the services and programs.

Infants need to be raised in a happy and joyous environment which must be understood by all parents through effective parenting training.

Infants need to be a part of an Aboriginal community which follows the traditional ways and be raised hearing sounds and stories of the Elders.

Infants need to sense their cultural teachings and early introduction to the Cycle of Life.

## **2. TODDLERS:**

The defined need for toddlers in the healing continuum is based on the concept of healing relative to their stage in life. It is essential that the toddlers' needs are understood by their immediate caregivers who must be given the appropriate training to meet and understand the needs of toddlers.

### **REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements of training on behalf of toddlers, training initiatives of parents and extended family will assure that toddlers' needs are understood. These training initiatives include understanding the following concepts:

Toddlers need to be cared for from their infant stage to be free to express their curiosity and love of life and to be supported to lead healthy lives.

Toddlers require peaceful surroundings in their communities and in which they are free from fear of physical and sexual abuse.

Toddlers need proper nutrition, clothing and safe homes in their sharing of curiosity and inquisitive learning and to be loved by their parents.

Toddlers need appropriate early childhood development and childcare understood by their parents through awareness and parenting skills development.

Toddlers need Aboriginal community based daycare which is supported by parents in the community in the control of services and programs.

Toddlers need to be raised in a happy, caring and respectful environment which must be understood by all parents through effective parenting training.

Toddlers need to be a part of an Aboriginal community that follows the traditional ways and to be raised listening to songs and stories of the elders.

Toddlers need to know their culture, traditions and early introduction into the Cycle of Life.

## **3. CHILDREN:**

The defined need for children in the Healing Continuum is based on the concept of healing relative to their stage in life. It is essential that children's needs are

understood by their immediate caregivers who must be given training opportunities to gain knowledge and understanding to meet those needs.

**REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements of children in their need of training on behalf of children, training initiatives of their parents and extended families that assurances of the children's needs are met and understood.

Children need to be cared for in their growth and moulded in this formative stage and must be supported by caregivers who partake in a concern for their health.

Children require proper nutrition, clothing and safe homes in their sharing of laughter and joy in life and growth and to be respected by their immediate families in their stage of life.

Children need appropriate early childhood development training and proper childcare and need to be understood by the parents through awareness and parenting skills development.

Children require Aboriginal community based education which is supported by parents in the community through participation in programs and services.

Children need to be raised in happy and joyful surroundings which must be understood by all parents through effective parenting training and parent support groups.

Children require the peaceful surroundings of a community free from physical, sexual and alcohol/drug abuse.

Children require training and good judgement on approaches to life experiences in dealing with dangerous situations eg. sexual assaults.

Children need to be a part of an Aboriginal community that follows the traditional ways and to be raised to be proud of their history, ceremonies, stories and teachings of their Elders.

Children need to know their culture and traditions through early introduction into the Cycle of Life.

**4. YOUTH:**

The defined need for youth in the Healing Continuum is based on the concept of healing relative to the stage in life of the individuals requiring training and education. It is essential that the youth's needs are understood by their immediate caregivers and must be given every opportunity for training and ongoing professional development.



**REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements of the training of youth, it is through the initiatives of the leadership, parents and community participation that professionalism in training can be accomplished.

Youth need to be considered a primary part of the family and be supported by their caregivers in their quests for vision in whatever way they choose.

Youth require proper nutrition, clothing and safe homes in their sharing of preparatory maturing activity of life and must be respected by their families and community for their representation of the season of growth and fruition.

Youth require appropriate adolescent-youth development training and proper supports and understanding by parents through awareness and parenting skills development.

Youth require Aboriginal community-based education and post-secondary education supported by their leadership, parents and community through participation in educational programs and services.

Youth need to be raised in happy and joyful environments and must be understood by all parents through effective parenting skills training and parent support groups.

Youth require peaceful surroundings of a loving community free from physical, sexual and alcohol/drug abuse.

Youth require training and sound judgement on approaches to negative experiences and in dealing with dangerous situations eg. sexual assaults, physical assaults and suicides.

Youth need to be part of an Aboriginal community that follows traditional ways and to be raised with pride in their history, ceremonies, stories and teachings of their respected Elders.

Youth need to know their culture and traditions through early introduction to the Cycle of Life as taught by the Elders.

**5. YOUNG ADULTS:**

The defined need for young adults in the Healing Continuum is based on the concept of healing relative to the stages in life of the individuals requiring training. It is essential that the young adults' needs are understood by their immediate caregivers and service providers and must be given every opportunity for training and ongoing professional development.



**REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements of training needs for young adults. It is through the initiatives of the leadership, service providers, caregivers and community participation that professionalism and accredited training can be accomplished.

Young adults need to be considered part of the family unit and supported by caregivers and service providers in their quest for vision.

Young adults require proper nutrition, clothing and safe homes in their movement toward adulthood and to be respected and understood by their family, service providers and community.

Young adults need appropriate safe sex education, early contraception, early pregnancy education, and other health issues with proper supports from caregivers and service providers through awareness and sensitivity training.

Young adults need Aboriginal community-based education and post-secondary education supported by the leadership, parents, service providers and the community through active participation in training programs and services.

Young adults need peaceful surroundings of a community free from physical, sexual and alcohol/drug abuse with supportive training from knowledgeable service providers.

Young adults require training and sound judgement on approaches to negative experiences with dangerous situations; eg. sexual and physical assaults, and must be supported by caring and trained service providers.

Young adults need to be part of an Aboriginal community that follows traditional ways and have been raised to keep their pride in their history and values as taught by knowledgeable Elders and trained service providers.

Young adults need to know their culture and traditions through early introduction to the Cycle of Life as taught by respected Elders and trained service providers.

**6. PARENTS:**

The defined need for parents in the Healing Continuum is based on the concept of healing relative to the stage in life of the individual requiring training supports. It is essential that parents' needs are understood by the immediate service providers, caregivers and leadership and must be given every opportunity in training and ongoing supportive development.

**REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements of training needs for parents. It is through their own initiative, the leadership, service providers and community supports that professional and accredited training can be accomplished.

Parents need to be considered an integral part of their immediate and extended family and community and supported by service providers and leadership in their personal visions.

Parents require appropriate basic human needs and infrastructures in their share of community life as proceeding on the journey to give meaning and understanding of life for their generation and must be respected and supported by trained service providers, leadership and community.

Parents need appropriate respite and relief from daily homemaking by participating in community-based family/parenting circles which are supported by trained service providers and respected Elders.

Parents need community based educational opportunities of vocational and technical training supported by trained educators, service providers and leadership.

Parents need higher education to pursue better employment opportunities and must be initiated and supported by trained educators, service providers, leadership and community to enable parents to adequately support their own families.

Parents need to reside in happy and joyful surroundings and must be understood by service providers trained in family work, community leadership and extended family to assist in enhancing the community's needs.

Parents require the peaceful surroundings of a community free from physical abuse, sexual abuse and alcohol/drug abuse and must be ensured by supportive community members, trained service providers and strong leadership.

Parents require sound judgement and training on approaches to dealing with family violence issues and how to intervene and prevent further abuse in their immediate and extended families. This requirement needs the support, sensitivity and understanding of trained service providers who are mandated to work with Aboriginal people.

Parents need to be a part of an Aboriginal community that follows the traditional teachings of their ancestors and must be supported by knowledgeable, respected Elders, trained service providers and community leadership.

Parents need to know their culture and traditions through the teachings of the Cycle of Life as taught by the Elders, trained service providers in Aboriginal teachings and support from strong leadership.

## **7. GRANDPARENTS:**

The defined need for grandparents in the Healing Continuum is based on the concept of healing relative to the stages in the life of the individual requiring training. It is essential that the grandparents' needs are understood by their immediate caregivers, trained service providers and leadership and must be given every opportunity for training and ongoing development to meet their needs.

### **REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements of training needs for grandparents. It is through the initiatives of trained service providers, leadership and community supports that equal participation in training can be accomplished for grandparents.

Grandparents need to be considered as a respected part of their immediate and extended families and supported by trained service providers, caregivers and leadership to understand their quests for their personal needs.

Grandparents require proper nutrition, clothing and safe homes in their sharing of knowledge and understanding of life to their community and need to be supported and acknowledged by trained service providers, caregivers, leadership and the community.

Grandparents require appropriate health care development training and proper supports from understanding families, trained service providers and caregivers.

Grandparents need Aboriginal community based training supported by trained educators, trained service providers and leadership.

Grandparents need to spend their remaining years in happy and carefree surroundings and must be understood and supported by their immediate and extended families, trained service providers and strong leadership.

Grandparents require the peaceful surroundings of a community free from physical and sexual abuse and alcohol/drug abuse.

Grandparents require training and sound judgement on approaches to experiences in dealing with dangerous situations such as physical and sexual assaults and must be supported and assisted by trained service providers.



Grandparents need to be part of an Aboriginal community that may follow the traditional ways and be able to participate equally with trained service providers and respected Elders in the provision of supports and training to others.

Grandparents need to know that their culture and traditions are valued through continued participation in introduction of the Cycle of Life, ceremonies, pow-wows, teachings of respected Elders.

Grandparents need equitable employment opportunities and must be supported in their need for suitable income by trained services providers and leadership.

## **8. ELDERS:**

The defined need for Elders in the Healing Continuum is based on the concept of healing relative to the stages in the life of the individual requiring training and support. It is essential that Elders' needs are understood by their immediate and extended families, trained caregivers, trained service providers and community leadership.

### **REQUIRED:**

To meet the physical, mental, emotional and spiritual requirements for training needs of Elders, it is through the initiatives of the leadership, trained service providers and community that adequate training should be accomplished.

Elders need to be considered an important part of their families in recognition for their valued life experiences, wisdom and keepers of traditional ways and must be supported by trained service providers and caregivers.

Elders require proper nutrition, clothing and safe homes as part of their contribution to their community and supported and respected by the health professions, trained service providers and leadership.

Elders need appropriate health care development and proper supports from trained health care and service providers through awareness and proper skills development.

Elders require Aboriginal community based training and development supported by trained educators, trained service providers, leadership and other trained peer supports.

Elders need to spend their remaining years in carefree and happy surroundings and must be understood by their immediate and extended families, trained service providers and leadership through effective community development skills.

Elders require the peaceful surroundings of a community free from physical abuse, sexual abuse, Elder abuse and alcohol/drug abuse.



Elders require training and sound judgement on approaches in dealing with negative experiences and dangerous situations such as physical and sexual assaults.

Elders need to be part of a community that follows the traditional ways and participate with culturally trained service providers and respected Elders in sharing the teachings, history, ceremonies and Aboriginal legends.

Elders need to know that their culture and traditions are accepted by institutions and other trained Elders and service providers and must be supported and trained through introduction to the Cycle of Life by those trained in these teachings.

# Supportive Resources



## **SUPPORTIVE RESOURCES**

### **DEFINITION:**

A wide range of supports must be in place if the services, programs and supports identified in the healing continuum are to be implemented in an effective and efficient manner.

### **A. ABORIGINAL LEADERSHIP AND SERVICE PROVIDERS**

Supportive funding and policy approaches as well as infrastructure and resource development require that the Aboriginal leadership and those providing services (Aboriginal and non-Aboriginal) to Aboriginal communities work with government (provincial and federal) to identify and develop these supports. In particular, the Aboriginal leadership will need to monitor the direction of the Aboriginal Family Healing Strategy including the Aboriginal community justice initiatives.

The support of the Aboriginal leadership and service providers will also be crucial in facilitating the implementation of more supportive practices in the funding and policy areas as well as infrastructure and resource development, at a community level, otherwise these changes will not result in greater community control of healing strategies.

### **B. LIFECYCLE**

Supportive funding and policy process, as well as community infrastructure and resource development, have a significant impact on all stages of the Life Cycle:

- 1) Infants
- 2) Toddlers
- 3) Children
- 4) Youth
- 5) Young Adults
- 6) Parents
- 7) Grandparents
- 8) Elders









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## STRATEGY FRAMEWORK

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### INTRODUCTION

The Strategy Framework proposes a range of strategies flowing from the community needs identified in the Healing Continuum to meet the physical, mental, emotional and spiritual requirements of Aboriginal people in the Life Cycle. The strategies provide a framework and starting point for Aboriginal communities to develop their own strategies for the healing of family violence. Definitions, goals, and strategies are articulated for each of the eight phases of the Healing Continuum. In addition, the supports required for implementation, the responsibilities of Aboriginal organizations and governments, and the resource and policy implications are identified for each of the proposed strategies.

In the course of consultations, a number of justice-related concerns were also identified. These concerns have been integrated with the community needs identified in the Life Cycle of the Healing Continuum above. However, for the purpose of developing a comprehensive Strategy Framework, specific strategies regarding the justice components of the Healing Continuum have been identified separately. Therefore, in this section of the report justice-related strategies follow the community needs-based strategies. Definitions, goals, and strategies for Family Healing from the perspective of justice are proposed, followed by a detailed analysis of the policy, program, and legislative implications for government. An example of how culturally appropriate alternatives to incarceration could function operationally within the existing justice system and what protocols would be required at the community level to implement such alternatives are also included.

### PROMOTION

#### DEFINITION:

The promotion of Aboriginal family healing leads to social well-being in Aboriginal communities. From the Aboriginal perspective, it includes primary preventive strategies aimed at the whole community to enable individuals and families, wherever they may live, to enjoy a healthy and balanced life. Raising community awareness is essential to move past the denial of family violence and to begin community-based healing processes.

## **GOALS:**

To ensure that every Aboriginal community in Ontario is aware of and has access to the Aboriginal Family Healing Strategy.

To undertake a program of education regarding Aboriginal Family Healing that includes the initiatives identified below which respond to the Life Cycle.

## **STRATEGIES:**

### **1. COMMUNITY-BASED AWARENESS WORKSHOPS/ACTIVITIES:**

- A) Funding required for Aboriginal personnel to design a range of workshop curricula, incorporating traditional teachings and spirituality and utilizing Aboriginal formats such as teaching circles.
- B) Funding required for Aboriginal teams of facilitators to organize and facilitate a range of community awareness workshops for Aboriginal communities, for non-Aboriginal service providers and for the Aboriginal leadership.
- C) Positive family healing events and traditional activities to be developed by Aboriginal communities that reawaken traditional teaching and spirituality be promoted and facilitated by respected Elders and traditional people.
- D) Funding required to develop an Elders resource list of recognized people.

## **RESPONSIBILITIES:**

The Aboriginal community has the responsibility to design, develop, and deliver the above workshops and activities.

The provincial government and the Federal departments have responsibility for ensuring that promotion activities are funded on an ongoing non-grant basis.

## **RESOURCE IMPLICATIONS:**

Activities of this kind are not currently supported in terms of the scale and process required. Currently there is no coordinated structure for managing promotion as a priority. The existing process is based on short-term grants. Therefore, this strategy requires the reallocation of existing resources and new monies.



## **POLICY IMPLICATIONS:**

None.

## **2. WORKSHOPS FOR SPECIFIC TARGET GROUPS:**

The allocation of sufficient resources to design, develop, and deliver the following types of workshops required to promote Aboriginal family healing for specifically targeted groups.

### **COMMUNITY LEADERSHIP:**

- A) The design, development, and delivery of intensive workshops by the Aboriginal Provincial Territorial Organizations for the leadership and employees of Aboriginal organizations, Chiefs and Councils and First Nations employees to promote Aboriginal family healing and provide positive role models for Aboriginal communities.
- B) The promotion of effective policies, codes of conduct, and employee assistance programs in Aboriginal organizations.

### **SERVICE PROVIDERS:**

- C) Immediate and ongoing in-service education for those currently providing services to Aboriginal communities on and off reserve with a view to their becoming active promoters of the Aboriginal Family Healing Strategy.
- D) Cultural awareness programs for government and related services, broader public sector services, where appropriate.

### **CHILDREN AND YOUTH:**

- E) Design, development and delivery in the promotion of positive child, adolescent and youth leadership development programs; "freedom from physical and sexual abuse" projects; substance abuse education, knowledge of legal rights, obligations, implications, processes, and roles of different persons in the justice systems and the formation of Youth Councils.
- F) Family-based recreation programs that can act as community-based diversion from bingo, gambling and substance abuse.

## **PARENTING PROGRAMS:**

- G) Programs to assist community members in gaining knowledge in early pregnancy prevention, and enhancing skills in child rearing education and positive traditional parenting skills guided by Elders and traditional role models in the provision of healthy supportive homes for their families.

## **SCHOOL PROGRAMS:**

- H) Culturally appropriate programs and teaching materials must be developed on sexuality, respect for self, family violence awareness, teenage pregnancy and family planning, and alcohol and drug abuse. Aboriginal language programs are also required. These programs are important for Aboriginal students.

## **PROGRAMS FOR SCHOOL STAFF:**

- I) The Ministry of Education and Training to encourage school boards to develop and implement programs around family violence issues, cultural sensitivity awareness programs in conjunction with the Aboriginal community.

## **RESPONSIBILITIES:**

The Aboriginal community has the responsibility to design, develop, and deliver the above workshops and activities.

The provincial government and the Federal departments have responsibility for ensuring that promotion activities are funded on an ongoing non-grant basis.

## **RESOURCE IMPLICATIONS:**

Activities of this kind are not currently supported in terms of the scale and process required. Currently there is no coordinated structure for managing promotion as a priority. The existing process is based on short-term grants. Therefore, this strategy requires the reallocation of existing resources and new monies.

## **POLICY IMPLICATIONS:**

There are policy and resource implications for the Ministry of Education and Training with regard to H).

**3. A CLEARINGHOUSE OR RESOURCE CENTRE BE CREATED IN THE OFFICES OF ONE OF THE ABORIGINAL PROVINCIAL TERRITORIAL ORGANIZATIONS TO LEAD TO THE EVENTUAL CREATION OF AN ABORIGINAL CLEARING HOUSE ON FAMILY HEALING CENTRE IN ONTARIO:**

- A) Funding required for the development of culturally, traditionally, and linguistically appropriate resource materials on the range of family violence/abuse and justice issues appropriate for children, youth, and adults. Resources include reading materials, audio-visual resources, and training and resource identification lists.
- B) Research by and information sharing of resources among Aboriginal Provincial Territorial Organizations that relate to family healing and justice issues.

**RESPONSIBILITIES:**

The Ontario Native Women's Organization will assume responsibility for the development of a resource centre to be lodged initially in their offices. The Aboriginal Provincial Territorial Organizations are responsible for the development of materials and the sharing of research and information resources.

Government responsibility for funding the development of a resource centre includes but is not limited to those provincial ministries and federal departments responsible for capital and infrastructure development.

**RESOURCE IMPLICATIONS:**

This strategy requires new, one-time capital expenditure.

**POLICY IMPLICATIONS:**

None.

**PROMOTION STRATEGIES FOR JUSTICE**

**DEFINITION:**

Promotion in a justice context means promoting community awareness of legal and community implications of family violence incidents and healthy, balanced living for individuals, families and communities.

## **GOALS:**

To promote Aboriginal and non-Aboriginal community awareness of the Justice components of the Aboriginal Family Healing Strategy.

To provide promotion strategies aimed at developing individual, family and community awareness of legal and community implications of family violence.

To identify ways and means of addressing family violence incidents and promote healthy, balanced living.

## **STRATEGIES:**

1. Develop, implement and evaluate awareness/public legal education strategies for individuals, families and communities.
2. Develop general awareness of primary preventive measures in communities.
3. Develop awareness of the Family Healing Strategy among non-Aboriginal service providers, ie. justice officials, police, judiciary, correctional staff.
4. Develop awareness of the Family Healing Strategy and family violence issues among Aboriginal justice officials, including First Nations police, courtworkers, etc.
5. Promote effective policies in Aboriginal agencies, codes of conduct and employee assistance programs.



## **PREVENTION**

### **DEFINITION:**

In the Healing Continuum, promotion is identified as a primary prevention strategy. However, different strategies to deal with prevention are also required. In the Healing Continuum, secondary prevention strategies include those programs and services aimed at high risk groups while tertiary prevention strategies are defined as those programs and services directed to those already affected by family violence, including victims and offenders, to prevent problems from deteriorating further. From the Aboriginal perspective, the need to keep families in their communities and working together towards healing is a fundamental principle of prevention.

### **GOALS:**

To develop, implement, and evaluate prevention programs for targeted high risk groups in communities.

To develop and implement prevention strategies for those already affected by family violence in order to prevent further deterioration.

To promote the safety of individuals, families, and communities.

### **STRATEGIES:**

#### **1. COMMUNITY-BASED PREVENTION TRAINING WORKSHOPS:**

- A) The design, development, and delivery of community-based workshops to train community members and service providers as trainers in early assessment and intervention. Trained people will then be able to lead community workshops and the range of support groups/healing circles required and be able to deliver awareness/sensitivity workshops for non-Aboriginal service providers in schools, correctional system, and in health care facilities.
- B) Community respected methods of assistance and resourcing be incorporated into training formats to facilitate flexibility with regard to the different stages of prevention and intervention in each community.

### **RESPONSIBILITIES:**

The Aboriginal community has the responsibility to design, develop, and deliver the above training workshops.

The provincial government and the Federal departments have responsibility for ensuring that prevention activities are funded on an ongoing non-grant basis.

**RESOURCE IMPLICATIONS:**

Activities of this kind are not currently supported in terms of the scale and process required. Currently there is no coordinated structure for managing prevention as a priority. The existing process is based on short-term grants. Therefore, this strategy requires the reallocation of existing resources and new monies.

**POLICY IMPLICATIONS:**

None.

**2. PREVENTION PROGRAMS FOR COMMUNITIES:**

- A) Immediate and ongoing workshops to encourage community healing, education on early identification assessments, and prevention programs on family violence to be delivered to families at all levels of the healing continuum to include children, youth, men, women, elderly, community leadership, service providers, victims, victimizers and volunteers.
- B) The formation of inter-school committees to undertake to develop family healing resources and programs and to train volunteers in traditional teachings to lead meetings, gatherings and sacred circles as prevention strategies to violence.

**RESPONSIBILITIES:**

Aboriginal community has the responsibility to design, develop, and deliver the above workshops.

The provincial government and the Federal departments have responsibility for ensuring that prevention activities are funded on an ongoing non-grant basis.

**RESOURCE IMPLICATIONS:**

Activities of this kind are not currently supported in terms of the scale and process required. Currently there is no coordinated structure for managing prevention as a priority. The existing process is based on short-term grants. Therefore, this strategy requires the reallocation of existing resources and new monies.

## **POLICY IMPLICATIONS:**

None.

### **3. COMMUNITY-BASED PREVENTION STRATEGIES FOR SPECIFIC TARGET GROUPS:**

#### **A) CHILD CARE SERVICES:**

Immediate and ongoing daycare and childcare facilities be funded and staffed with Aboriginal people trained in the child welfare systems.

An essential component of child care staff roles and responsibilities is to increase cooperation and the exchange of awareness and sensitivity training with non-Aboriginal childcare and child welfare workers servicing Aboriginal children within their agencies.

#### **B) YOUTH PROGRAMS:**

Immediate and ongoing suitable accommodations must be provided for youth, adolescents and children who are in foster care or under child protection. These youth must be given opportunities to participate in Aboriginal programs for family healing.

In order to stimulate healthy leadership skills of youth and adolescents, comprehensive and effective programs and social activities such as wilderness camps must be implemented.

#### **C) PREVENTIVE PARENTING PROGRAMS:**

It is essential that all parents be given opportunities to develop parenting skills, stress and anger management programs and gain sensitivity to the needs of children who live or have lived with violence and abuse. Such programs should be blended with traditional teachings and could take place in a drop-in setting.

#### **D) VOCATIONAL PROGRAMS:**

Vocational support programs in the form of financial, residential, counselling, and tutoring assistance are required to enable youth and young adults to pursue career goals and employment.

#### **E) SAFE HOMES:**

It is essential that community-based Aboriginal specific and culturally appropriate safe homes be funded and readily available and accessible especially in northern regions to serve as 24 hour crisis and emergency shelters for Aboriginal families, including the needs of elders for protection and freedom from abuse.

Aboriginal specific and culturally appropriate foster homes, child protection agencies and group homes are required. Providers should be aware of Aboriginal families' crisis needs for prevention counselling and protection.

#### **RESPONSIBILITIES:**

Aboriginal community has the responsibility to design, develop, and deliver the above prevention strategies.

The provincial government and the Federal departments have responsibility for ensuring that prevention activities are funded on an ongoing non-grant basis.

#### **RESOURCE IMPLICATIONS:**

Activities of this kind are not currently supported in terms of the scale and process required. Currently there is no coordinated structure for managing prevention as a priority. Current funding for the types of programs identified in 3 A) - 3 E) has not been adequate in terms of the demand nor has it been appropriately applied. Therefore, this strategy requires the reallocation of existing resources and new monies.

Regarding safe homes, there is a resource impact on municipalities.

#### **POLICY IMPLICATIONS:**

Regarding safe homes, there is an implication for municipalities to become involved in a discretionary service.

#### **4. ABORIGINAL LEADERSHIP AND SERVICE PROVIDERS:**

- A) It is essential that the Aboriginal leadership endorse the importance of male responsibility in family healing and the practice of traditional teachings of respect for women's roles.
- B) It is essential that non-Aboriginal service providers be provided with sensitivity



and awareness workshops on Aboriginal people's struggle with racism and

patronizing attitudes of personnel from agencies, bureaucracy and religious institutions in dealing with family violence.

#### **RESPONSIBILITIES:**

The Aboriginal community has the responsibility to ensure the Aboriginal leadership's support with regard to 1 A).

All ministries are responsible for funding and ensuring that non-Aboriginal service providers participate in these workshops and that the workshops be designed, developed, and delivered by Aboriginal people.

#### **RESOURCE IMPLICATIONS:**

Activities of this kind are not currently supported in terms of the scale and process required. Currently there is no coordinated structure for managing prevention as a priority. There is no specific funding earmarked for sensitivity workshops for Aboriginal awareness. Thus, this strategy requires new monies. Resources for these workshops could be sought from religious institutions as well as relevant ministries and federal departments.

There are potentially major implications.

#### **POLICY IMPLICATIONS:**

There may be implementation issues with respect to agencies eg. College of Physicians and Surgeons.

### **PREVENTION STRATEGIES FOR JUSTICE**

#### **DEFINITION:**

Prevention in a justice context means crime prevention activities aimed at high risk groups and preventing the further deterioration of victims, offenders, families and communities already affected by family violence and involved in the justice system.

#### **GOAL:**

To provide prevention strategies aimed at high risk individuals or groups already affected by family violence to prevent further deterioration and promote safety

of individuals, families and communities.

#### **STRATEGIES:**

1. Support the development, implementation and evaluation of culture and community based preventative activities that promote individual, family and community safety, prevents crime and creates an awareness of rights and obligations for individual or groups of offenders.
2. Support the development, implementation and evaluation of culture and community based prevention activities that promote individual, family and community safety, prevents crime and creates an awareness of rights and obligations for individual or groups of family violence victims.
3. Promote the development, implementation and evaluation of primary prevention strategies aimed at individuals, families and communities at high risk for family violence.
4. Develop mechanisms to encourage personal accountability for offenders to victims, families and communities and prevent revictimization.
5. Involve available or existing community leadership, service providers and justice resources in preventative processes with victims and offenders; individuals or groups.
6. Develop mechanisms at all points in the justice system for involving culture and community based preventative activities with offenders and victims to prevent further deterioration and recidivism and promote and/or initiate healing for individuals or groups.

## **CRISIS INTERVENTION**

### **DEFINITION:**

Crisis intervention is identified specifically and included under treatment services. It is one of the most important areas in which services are identified as being most urgent. It is the most immediate and distressing time within a situation of family violence and as such cannot wait for services to be developed. Resources have to be available within the community at the site and time of crisis.

### **GOALS:**

To provide on-site community-based resources to enable intervention immediately in crisis situations related to family violence.

That the focus of the crisis intervention resources includes community-based programs, services and supports which are designed to include those in the lifecycle.

### **STRATEGIES:**

#### **1. COMMUNITY-BASED CRISIS INTERVENTION:**

- A) Immediate design, development, delivery and evaluation of community-based Aboriginal Family Protection agencies by Aboriginal people at the community level is pertinent.
- B) Immediate development of customary care policies and practices that respect the need for community-based safe homes, and emergency shelters and which recognize the extended family as a viable resource.
- C) Flexible criteria on customary care policies that reflects realistic living conditions of Aboriginal family members living on and off reserve such as number of rooms in the house and family income, etc.
- D) Immediate and on-going establishment of community network that identifies those in the community that are willing to provide safe home supports.
- E) Resources for communities to provide adequate shelter, food and clothing within the community are required.

- F) Immediate design, development, delivery and evaluation of Aboriginal community based safe home facilities for those in the lifecycle and specifically families, abusers, victims, men and adolescents.
- G) To support the development of community infrastructures to enable effective crisis intervention programs, services and supports that are reflective of the Aboriginal Family Healing Strategy.

#### **RESPONSIBILITIES:**

Aboriginal community has responsibility for the re-design, development and determination of appropriate delivery of community-based family protection services.

The provincial government (particularly MCSS), municipalities, and the federal department (INAC) have responsibility for ensuring that protection activities related to children are adequately funded. The provincial ministries with a mandate for shelter and services to vulnerable adults also have a responsibility to provide adequate funding.

#### **RESOURCE IMPLICATIONS:**

Expansion of protection services on-reserve cost shared under the 1965 Welfare Agreement, are currently tied to specific organizations.

Development off-reserve would require significant resource reallocation and infusion of new monies.

Increased safe home/emergency shelter and access to long-term housing would impact on municipalities, federal government and those provincial ministries involved in capital and infrastructure development.

#### **BROAD IMPLICATIONS:**

Federal, provincial and municipal agreement is required.

#### **POLICY/LEGISLATIVE IMPLICATIONS:**

There may be implementation issues for MCSS and the federal government with respect to exercising section 10 of the Child and Family Services Act.

Implementation of Aboriginal crisis intervention approaches as an alternative to the existing programs may have serious implications for MCSS.



## **2. COMMUNITY CRISIS INTERVENTION TEAMS:**

- A) Resources need to be allocated to communities to allow opportunities to design, develop and deliver a community crisis intervention team in each community to deal with crisis situations. These teams would establish first contact with an individual or family in crisis and would be responsible for assessment and management of the crisis. They would then be involved in assisting the family to access ongoing help for treatment and counselling.
- B) It is essential that all community crisis teams be adequately trained and qualified to deal confidently and competently with all crises, including counselling, family violence identification and assessment, crisis intervention, first aid, and translation.
- C) Release of funding criteria for existing crisis intervention service providers to enable them to network and combine their resources.
- D) Development of community crisis teams must include those who are trained as culturally appropriate peacekeepers.

### **RESPONSIBILITIES:**

Aboriginal communities and the Province have the responsibility to develop a coordinated approach to crisis intervention and to create flexible and comprehensive crisis intervention teams.

The provincial ministries and the federal departments responsible for crisis intervention programs and training for crisis intervention teams have a responsibility for ensuring that protection activities related to children and adults are funded. Provincial ministries are also responsible for officially recognizing the status of both agencies and personnel of divested bodies as equivalent to other non-divested bodies performing similar functions.

### **RESOURCE IMPLICATIONS:**

Federal and provincial funding is required for the development and implementation of generic training for crisis intervention. This will impact on those ministries and federal departments involved in the protection of vulnerable people, regardless of age.

Municipalities participating in mandatory and discretionary arrangements will be targeted for more resources.

## **POLICY IMPLICATIONS:**

None.

### **3. COMMUNITY-SUPPORTS:**

- A) Communities need to establish their own 24-hour telephone crisis lines to be accessible and available in Aboriginal and non-Aboriginal communities especially for evenings, nights and weekends. Further, crisis line personnel must be trained in family violence awareness, assessment and crisis intervention.
- B) Assist communities in establishment of Volunteer Crisis Teams. Volunteers need adequate training to ensure that they have the skills to be effective in dealing with crisis situations and they require financial support for travel and lodging.
- C) That there needs to be commitment and support from Aboriginal leadership to develop crisis intervention reporting protocols and encourage community supports to deal with a wide range of crisis intervention needs.
- D) Community supports that include Elders, traditional people to provide spiritual supports to the community in crisis situations. The role of the Elders in crisis intervention and crisis intervention programs and services is vital.
- E) Community-supports are required that have resources and trained personnel to provide programs and services to deal with a wide range of physical, mental, emotional and spiritual disadvantages of those identified in the lifecycle.
- F) Community supports are required for Aboriginal service providers and clients who need to continue their schooling including alternatives to formal education.
- G) Increased medical and travel services and infrastructures for emergency treatment, including more medical professionals who speak Aboriginal languages and who are trained in violence intervention.

## **RESPONSIBILITIES:**

Aboriginal community has the responsibility to ensure that appropriate supports are developed.

The provincial and federal governments share responsibility for education, training, justice and health programs.

## **RESOURCE IMPLICATIONS:**

Potential resource implications for expansion of distance education sites and alternative schooling arrangements for the Ministry of Education and Training and the federal government.

Expansion of translation services would impact financially on the Ministry of Health and the federal government.

## **CRISIS INTERVENTION STRATEGIES FOR JUSTICE**

### **DEFINITION:**

Crisis intervention in a justice context means intervening in a family violence incident to address the implications and causes of the behaviours, ensure safety of victims, offenders, families and communities and promote personal accountability of offenders to victims, families and communities.

### **GOALS:**

To provide crisis intervention strategies that address the implications and causes of family violence behaviours.

To ensure the immediate safety of victims, offenders, families and communities when family violence incidents occur.

To promote and provide timely opportunities for family violence offenders to demonstrate personal accountability for their actions to the victim, families and communities.

### **STRATEGIES:**

1. Support the development of safe environments within Aboriginal communities for victims of family violence and offenders.
2. Develop, implement and evaluate community crisis intervention strategies to incidents of family violence which address the needs of all persons affected by the incident.
3. Support the development of effective community based policing/peacekeeping approaches and supports for crisis intervention.

4. Provide immediate and ongoing opportunities that encourage personal accountability of offender to victims, families and communities.
5. Coordinate existing community justice related resources.
6. Develop, implement and evaluate new community crisis intervention resources where required.
7. Develop, implement and evaluate culture and community-based justice alternatives consistent with the Aboriginal Family Healing Strategy.
8. Involve appropriate community resources persons, where appropriate, in crisis intervention responses, including Elders, traditional healers, volunteer community crisis teams, safe homes staff, courtworkers, etc.
9. Review availability of treatment/curative opportunities in institutions.
10. Identify mechanisms for providing access to treatment/curative opportunities for offenders in institutions where no opportunities exist.
11. Develop methods to enhance ability of existing justice system to respond to family violence incidents in a manner consistent with the Aboriginal Family Healing Strategy.



## **CURATIVE CARE**

### **DEFINITION:**

Curative health care encompasses strategies such as treatment centres, counselling services, professional and para professional care. Effective wholistic treatment helps break the cycle of violence.

### **GOAL:**

To provide cultural-based approaches to treatment based on wholistic approaches and traditional teachings.

### **STRATEGIES:**

#### **1. ELDERS:**

- A) The roles of Elder including traditional teachings, healing circles, use of ceremonies and medicines; Elders as trainers and resource people needs to be incorporated into all treatment programs in treatment centres, counselling services social service agencies and legal institutions.
- B) Elders should be asked how they can assist and participate in the treatment and aftercare of family violence; it is imperative that in addition to community-based initiatives, the Elders are directly involved with community members who are incarcerated.
- C) Elders role should include visits with families and discuss concerns and problems with immediate and extended family members.
- D) Resources to allow for Elders honorarium are required.

### **RESPONSIBILITY:**

Aboriginal communities have responsibility to actively incorporate Elders into the curative priority of the healing continuum.

Ministries and federal government departments have a responsibility to formally recognize the role of Elders in curative activities.

## **RESOURCE IMPLICATIONS:**

Elders would be formally recognized and compensated as resource people or consultants by the provincial government.

## **POLICY/LEGISLATIVE IMPLICATIONS:**

Honoraria would require a policy change in some ministries.

## **2. FAMILY ORIENTED TREATMENT CENTRES:**

- A) Treatment centres need to be available for families who are involved physical, mental, emotional and sexual abusive or violent situations. These treatment centres must be based on wholistic approaches to treatment and include healing lodge concepts to wholistic healing.
- B) Programs and services need to be easily accessible and competent enough to deal with the severity of the problem. These programs and services also need to be accessible to offenders who require outpatient counselling, support services, self-help, etc.
- C) All services aimed at treatment of any violence situation must be family oriented. It is essential that programs and services are oriented towards wholistic family healing. There is a need for development of new approaches to support family treatment models that are effective and appropriate for Aboriginal communities.
- D) Treatment services must be provided in all Aboriginal communities, especially in the isolated northwestern Ontario region. This will ensure the communities ability to maintain the family centred emphasis. This will also allow families to strengthen their supports and provide effective follow-up and after-care.
- E) Resources to provide quality community-based treatment programs and services are required. Treatment includes adolescent healing centres, mental health and drug/solvent/alcohol abuse.
- F) Medical hostel beds and boarding home services are required for families whose relatives need medical assistance as part of their treatment, to allow families participation in treatment and care.
- G) Spouse support groups need to be established as part of mental health treatment services.

- H) Treatment and healing centres must have specialized training to deal with children's mental health issues, as this has been identified as a high risk population.
- I) Treatment workers must be trained in a wide range of skills in order to competently address family treatment needs; including marital and family counselling, group therapy, group dynamics, case management, addiction counselling, program planning, networking and team building.

## **RESPONSIBILITY**

The Aboriginal community is responsible for determining and evaluating the accessibility and appropriateness of family healing treatment services.

Ministries and federal government departments have a responsibility to fund capital and infrastructure development.

## **RESOURCE IMPLICATIONS:**

Significant one time capital funding will be required for the development of new facilities. Also, those ministries involved in pilot projects (eg. healing lodges) will continue to participate in these initiatives and expand them.

## **BROAD IMPLICATIONS:**

Medical hostel beds and boarding home services will require consultations with and resources from the federal government, ministries and municipalities.

## **POLICY IMPLICATIONS:**

Integration of children's mental health services with adult services would require a policy change.

## **3. TREATMENT FOR ABUSER AND OFFENDER:**

- A) Community based treatment services and programs must be developed that focus on healing, recognizing that abusers may also have been victims of abuse.
- B) Chief and Councils, communities and service providers need to support the design, development, delivery and evaluation of these programs and services.

- C) Specialized training of staff for alternative wholistic treatment methods for all victims is required.

**RESPONSIBILITY:**

Aboriginal community has the responsibility to design, develop and deliver treatment services for victims, abusers and offenders.

The provincial and federal government have responsibility for ensuring that treatment activities are adequately funded on an ongoing basis.

**RESOURCE IMPLICATIONS:**

Activities of this kind are not currently provided on the scale required by the Aboriginal Family Healing Strategy. Reallocation of existing resources and new monies are required.

**POLICY IMPLICATIONS:**

None.

**4. SUBSTANCE ABUSE TREATMENT CENTRES:**

- A) Treatment programs that focus on substance abuse (sniffing and inhalants) need to more effective, culturally appropriate, available within the community and accessible.
- B) Increased training of service provider in addictions abuse is required combined with wholistic and traditional teachings/training for addictions abuse.

**RESPONSIBILITY:**

Aboriginal community has responsibility to design, develop and deliver culturally appropriate substance abuse treatment programs..

Medical Services Branch of Health and Welfare Canada and Ministry of Health have responsibility for adequately funding the development of these initiatives.

**RESOURCES IMPLICATIONS:**

A major portion of the funding could come from funds currently committed to NNADAP. The Ministry of Health, Community Mental Health Branch would require new monies to support the funding of additional treatment centres.



## **BROAD IMPLICATIONS:**

There are federal-provincial implications for the delivery of treatment services on-reserve.

## **POLICY IMPLICATIONS:**

None.

## **5. COUNSELLING SERVICES:**

- A) Counselling services such as:  
Supportive counselling which involves "natural" caregivers, leaders, friends, family and empathetic persons who can listen and respond warmly to reactions to problems;

Grief Counselling which involves trained workers, natural caregivers, Elders and professionals who use a traditional healing process to assist the client in dealing with grief reactions;

Peer counselling: (friends helping friends) which is also a form of supportive counselling but involves a level of training for counselling and listening skills. This is intended for young people who can observe emotional changes in peers and friends and makes self available to listen and to refer to professional services within the community;

Accredited counselling and therapy, which usually involves professional medical and psychological staff, needs to be consistent and available in Aboriginal communities. This ranges from individual counselling, group counselling and family counselling.

In addition traditional and wholistic counselling with Elders, traditional people, ceremonies and healing circles, and other types of counselling needs to be accessible and mandatory in correctional facilities.

- B) Core training is needed for all service providers who are involved in counselling; specialized counselling techniques such as rape, incest, suicide, inhalant abuse and marital counselling are required.

## **RESPONSIBILITY:**

Aboriginal community has responsibility for the design, development of the supportive, grief and peer counselling services.

The provincial and municipal governments have responsibility for adequately funding counselling services.

#### **RESOURCE IMPLICATIONS:**

Currently, a limited range of counselling services are funded by the Province and by municipalities on a discretionary basis. Because counselling services are currently funded on a discretionary basis, there are significant resource implications for expansion.

#### **BROAD IMPLICATIONS:**

Funding of psychotherapists on-reserve may require a cost sharing agreement between the federal and provincial governments.

#### **POLICY IMPLICATIONS:**

None.

### **CURATIVE STRATEGIES FOR JUSTICE**

#### **DEFINITION:**

Curative in a justice context means the act of providing curative healing opportunities for offenders, victims, families and communities from the effects of family violence, regardless of whether they are in an institutional or general community setting.

#### **GOALS:**

To provide and increase access to culture and community based curative healing opportunities for offenders, victims, families and communities from the effects of family violence, regardless of whether they are in an institutional or a broader community setting.

To address the causes of family violence behaviours and promote personal accountability of the offender to victims, families and communities as an integral part of the healing continuum.

## STRATEGIES:

1. To develop, implement and evaluate culture and community based alternatives to incarceration, particularly for young offenders.
2. To facilitate the involvement of offenders in existing curative healing strategies which utilize and promote culture and community based healing.
3. To facilitate the involvement of victims/witnesses, families and communities in existing curative healing strategies which utilize and promote culture and community based healing.
4. To develop, implement and evaluate culture and community based curative healing strategies with and for offenders in correctional institutions which promote personal accountability by offenders to their actions towards victims, families and communities.
5. To develop, implement and evaluate culture and community based curative healing strategies for victims/witnesses, families and communities, and First Nations police affected by family violence behaviours.
6. To coordinate the provision of justice related curative services directed at offenders, victims/witnesses, families and communities.
7. To increase involvement of Elders, traditional people and community curative teams in the development, implementation and evaluation of culture and community based healing strategies.
8. To coordinate with the Federal government regarding services provided to Aboriginal inmates incarcerated in Federal institutions.
9. To support the development of community infrastructures; systems and/or physical structures, to support effective curative opportunities.

## **REHABILITATIVE CARE**

### **DEFINITION:**

Rehabilitative care is that which assists individuals and their families within the healing continuum to become fully functioning within all aspects of their lives through follow-up, after care and family/community reintegration opportunities after the initial problem has been identified and treated.

### **GOALS:**

To ensure that every Aboriginal person in Ontario is given the opportunity and supportive aftercare in the positive functioning in their daily lives .

To carry out community support systems for offenders, victims, family networking and Aboriginal communities after the initial crisis has passed.

To provide support and aftercare services in all communities, with the inclusion of support groups and healing circles for all members in the healing continuum, including offenders, victims, and families.

### **STRATEGIES:**

#### **1. SUPPORT SERVICES:**

- A) Immediate design, development and delivery of support services to be effected in all communities for members in the healing continuum and not to exclude abusers, offenders, and victims and families.
- B) Coordinate existing community rehabilitative resources.
- C) That adequate training of facilitators of support services be implemented to encourage community self help initiatives and interpersonal skills development.
- E) Support the development of community infrastructures to enable effective rehabilitation and reintegration of offenders, victims and families.

### **RESPONSIBILITIES:**

Aboriginal community has responsibility for the design, development and determination of appropriate delivery of support services.



Federal, provincial and municipal governments are responsible for adequately funding support services and necessary infrastructures.

**RESOURCE IMPLICATIONS:**

Support for the development of community infrastructures has significant resource implications for both the federal and provincial governments.

**POLICY IMPLICATIONS:**

None.

**2. HEALING CIRCLES:**

- A) That resources be available for Elders to actively participate in healing circles as part of the community healing process and to offer guidance in supportive programs in the community.
- B) Resources for healing circles must be provided for Elders to guide, counsel and train volunteers, facilitators and community members on interpersonal skills development.
- C) Resources be available for facilities to access Elders, healing circles for institutionalized offenders.

**RESPONSIBILITIES:**

Aboriginal community to incorporate healing circles into the rehabilitative care priority of the continuum.

Ministries and federal government departments have a responsibility to formally recognize the role of Elders and traditional practices in healing.

**RESOURCE IMPLICATIONS:**

The compensation of Elders has resource implications for ministries since this type of service is not currently funded.

**POLICY IMPLICATIONS:**

The recognition of Elders may require a policy change with some ministries.

### **3. SUPPORT GROUPS:**

- A) That resources for community based self awareness groups on self healing be available for rehabilitating family functioning by using Aboriginal teachers and Elders.

See "Support Services" above.

### **4. AFTERCARE:**

- A) Communities must identify and contract homemakers/home support workers for outpatient counselling.
- B) Networking between treatment providers including hospitals, to provide effective follow-up for clients.
- C) Community workers need to be trained to effectively manage follow-up care.
- D) Those who have been incarcerated require access to all aftercare and follow-up programs, services and supports. To facilitate this there is a need for networking between institutions and those providing follow-up and after care service providers.

### **RESPONSIBILITY:**

Aboriginal community has a responsibility to ensure that it has the capacity to provide aftercare, and that aftercare occurs.

Both the federal and provincial governments have responsibility for adequately funding aftercare.

### **RESOURCE IMPLICATIONS:**

This strategy has resource implications for the federal government on-reserve regarding the expansion of home support services. Provincially, an expansion of home support services would require new monies, particularly since the federal government has a moratorium on funding new home support programs on-reserve.

The training of home support workers to perform the role of out-patient counsellors will have a resource implication as will elimination of the age criterion for home support services.

## **POLICY IMPLICATIONS:**

Expansion of access to home support requires a policy change.

A legislative change to the Homemakers and Nurses Services Act will also be required.

## **REHABILITATIVE CARE STRATEGIES FOR JUSTICE**

### **DEFINITION:**

Rehabilitative care in a justice context means to provide curative follow up, aftercare and family/community reintegration opportunities for offenders, victims and families and encourage networking with community support systems.

### **GOALS:**

To provide curative follow up, aftercare and family/community reintegration opportunities for offenders, victims and families.

To encourage offender, victim and family networking with community support systems.

### **STRATEGIES:**

1. To develop, implement and evaluate culture and community based follow up and aftercare activities to curative strategies for offenders, victims, families and communities.
2. To develop, implement and evaluate family/community reintegration strategies for offenders, victims and families.
3. To coordinate existing community justice related rehabilitative resources.
4. To facilitate access for institutionalized offenders to culture and community based rehabilitative opportunities.
5. To support the development of community infrastructures to enable effective rehabilitation and reintegration of offenders, victims and families.

## **PROMOTION OF STABILITY**

### **DEFINITION:**

The promotion of stability in individual communities and the larger Aboriginal community in the province occurs when services are networked and resources are coordinated throughout the continuum of healing.

### **GOAL:**

To establish mechanisms and procedures that will ensure the effective networking and coordination of all resources among Aboriginal communities involved in the Aboriginal Family Healing Strategy.

### **STRATEGIES:**

#### **1. NETWORKING OF SERVICES:**

- A) The establishment of effective communication mechanisms needs to be in place at all levels to provide support and learning through sharing of experiences during the implementation of the Aboriginal Family Healing Strategy.
- B) The development of a series of protocols between Aboriginal and non-Aboriginal service providers, on and off-reserve services, the Aboriginal Provincial Territorial Organizations and the Aboriginal leadership, communities and school boards, is required to facilitate cooperation, networking, information sharing, and resource coordination.

### **RESPONSIBILITIES:**

Aboriginal community and government have a responsibility to implement effective communication mechanisms and protocols between Aboriginal and non-Aboriginal services providers which clearly delineate roles and responsibilities.

### **RESOURCE IMPLICATIONS:**

Development of protocols will have resource implications.



## **2. COORDINATION OF RESOURCES:**

- A) The development of a series of protocols between the Aboriginal leadership and the Government of Ontario to increased availability and coordination of transportation services, translation services, medical service, residential and education services, and access to government funding information and sources, particularly in recognition of the distances and needs for access of northern communities.
- B) Funding criteria and policies need to be coordinated to promote community control of programming.
- C) Government to maintain an accurate inventory of available programs, services, resources and supports. This list to be readily available to Aboriginal organizations.

## **RESPONSIBILITIES:**

Aboriginal community and government have responsibility to develop information sharing protocols.

## **RESOURCE IMPLICATIONS:**

Increased availability of transportation services, translation services, medical services, residential and education services will have resource implications for all levels of government. Maintenance of an accurate directory of services and expenditures will have a minor resource implication.

## **3. ACCESSIBILITY TO SERVICES:**

- A) Increased transportation services, translation services in recognition of needs of Aboriginal communities especially in the remote/isolated northern regions.
- B) Increased funding to compensate for distance costs to access resources. Including financial support for those leaving violent situations. Funding mechanisms must reflect both immediate and long-term needs.
- C) Increased access to post-secondary education including providing post-secondary and/or alternatives in remote/isolated northern Aboriginal communities.

See "Coordination of Resources" above.

#### **4. OUTREACH DEVELOPMENT:**

- A) Provincial Territorial Organizations and Aboriginal leadership should be considered a viable resource in community awareness and involvement in the promotion of the Aboriginal Family Healing Strategy.

#### **RESPONSIBILITY:**

The Ontario government has a responsibility to continue to work in cooperation with the Provincial Territorial Organizations and the Aboriginal leadership in the promotion of the Aboriginal Family Healing Strategy.

#### **POLICY IMPLICATIONS:**

None.

#### **PROMOTION OF STABILITY STRATEGIES FOR JUSTICE**

##### **DEFINITION:**

Promotion of stability in a justice context means to promote, network and coordinate justice healing responses and opportunities in a timely, wholistic and continuous manner to ensure individual, family and community stability.

##### **GOALS:**

To promote, network and coordinate justice healing strategies in a timely, wholistic and continuous manner to ensure individual, family and community stability.

##### **STRATEGIES:**

1. To promote Aboriginal justice healing strategies in the Aboriginal community, government and related services and in the broader public sector.
2. To develop, implement and evaluate mechanisms for effective networking and coordination of justice healing strategies within the Aboriginal community.

3. To develop, implement and evaluate mechanisms for networking and coordination of justice healing strategies between Aboriginal communities and government services, broader public sector services and, particularly, with children's services.
4. To support the development of community infrastructures to facilitate effective promotion, networking and coordination of the justice healing continuum, including training, at the community level.

## **TRAINING**

### **DEFINITION:**

Training is defined as a fundamental requirement of any program and must be consistent, planned and ongoing so that it can provide for healing for all stages in the Life Cycle. Training means to develop the required knowledge, skills and attitudes needed to develop, implement, deliver and evaluate effective healing responses and opportunities to individuals, families and communities in a coordinated manner. Effective training programs that provide for initial basic training as well as ongoing professional development are required.

### **GOALS:**

To ensure that training is recognized as a fundamental requirement of every program area in the Healing Continuum for all ages in the Life Cycle.

To develop a sufficient range of knowledge, skills and attitudes in every community to ensure effective management, implementation, and evaluation of Family Healing programs and services in a coordinated manner, including effective justice healing responses.

### **STRATEGIES:**

#### **1. RESPECTING EQUIVALENT EXPERIENCE AND TRAINING:**

- A) Respect for and formal recognition of alternative delivery models of education, experience, and training equivalents.
- B) Respect for and formal recognition of Elders and traditional people in equivalent roles that usually have credited components.
- C) It is essential that employees be given formal recognition for on the job training and that employees be given the opportunity to participate in formal and informal training.

#### **2. AGENCIES:**

- A) It is essential that agencies who employ program and service providers be trained on an ongoing basis in team building, skills development, access to referrals and wholistic traditional development approaches to working with Aboriginal people.



- B) Mechanisms should be in place to utilize available Aboriginal community resources, as appropriate, including Elders and traditional people, in response to family violence training.

### **3. MANAGEMENT:**

- A) That ongoing development of professional and management staff of Aboriginal organizations is a priority, especially in the areas of prevention training and advocacy with Aboriginal people.

### **4. TEACHERS:**

- A) That teachers and classroom support staff, both on and off reserve, receive ongoing training on recognition of the symptoms of abuse.

### **RESPONSIBILITIES:**

Implementation of 2. to 4. will require significant all party joint negotiations to effect changes among Aboriginal communities and government ministries, and their agents/agencies, which deliver programs directly.

### **POLICY IMPLICATIONS:**

None. The same policies which apply at the provincial level should be addressed at the federal level as well.

## **TRAINING STRATEGIES FOR JUSTICE**

### **DEFINITION:**

Training in a justice context means developing the required knowledge, skills and attitudes needed to develop, implement, deliver and evaluate effective justice healing responses and opportunities to individuals, families and communities in a coordinated manner.

### **GOAL:**

To develop the knowledge, skills and attitudes needed to develop, implement, deliver and evaluate effective justice healing responses and opportunities to individuals, families and communities in a coordinated manner.

## **STRATEGIES:**

1. To develop, implement and evaluate justice healing continuum training strategies for individuals, families and communities involved in the delivery of justice healing strategies.
2. To provide on-going review and analysis of training needs of individuals, families and communities involved in justice healing strategies.
3. To coordinate training strategies with existing training resources.
4. To develop effective mechanisms for design, delivery and evaluation of justice related training.
5. To utilize available Aboriginal community resources, as appropriate, including Elders, traditional people, Aboriginal courtworkers, Aboriginal legal workers, justice officials, in justice related training.
6. To utilize available non-Aboriginal justice officials as appropriate.
7. To provide sufficient resources to enable effective justice training.

## **SUPPORTIVE RESOURCES**

### **DEFINITION:**

A wide range of supports must be in place if the services, programs and supports identified in the healing continuum are to be implemented in an effective and efficient manner.

Changes to current government policies and funding criteria and mechanisms are required to ensure Aboriginal control at the community level. A further implication of the Strategy is the need for upgraded and new facilities to house Aboriginal family healing initiatives. In addition, evaluative research, carried out on all aspects of the Strategy once implemented, will be necessary to enhance further program development and delivery.

### **GOAL:**

To ensure that the funding and policy processes and infrastructure and human resource supports required to allow efficient and effective implementation of Aboriginal Family Healing Strategy are available.

### **STRATEGIES:**

The strategies identified in this section of the report are viewed as statements of principle, the specifics of which are addressed throughout the document.

#### **1. GOVERNMENT POLICY:**

- A) Government policies and funding criteria need to recognize traditional and spiritual practices, and a wholistic healing approach to programming that does not distinguish between on and off reserve in provision of services.
- B) Aboriginal control of programs, services, policies design, development and delivery, Aboriginal evaluation and accountability of programs and services.
- C) Changes to reflect development of wholistic treatment approaches.
- D) A process must be initiated between the Government of Ontario and the Aboriginal leadership to develop an Aboriginal Housing policy.
- E) Culturally appropriate programs and teaching materials from JK to Grade 12/OAC should be implemented. Special consideration for colleges and university programming and its access to rural remote sites is a priority.

Expansion of First Nations schools and/or classrooms in urban centres or alternative schools capacities should be developed.

## **2. FUNDING:**

- A) Resources must be provided directly to the Aboriginal community.
- B) There must be ongoing resources commitment that supports long-term planning and delivery of programs and services.
- C) Funding criteria need to reflect the Aboriginal communities expressed needs and be incorporated as criteria by funding sources. In addition, funding must be identified to allow for the development of innovative ideas and approaches that are most suitable for remote/isolated Aboriginal communities. As needs change or are perceived differently over time, there must be mechanisms whereby policies can respond quickly and efficiently.
- D) Increased funding and resources for community initiatives such as: men's residence, self-help groups, honorariums for resource people, workshops, hiring more staff, community awareness workers and halfway houses.
- E) Funding from institutions like churches that becomes available should be included as a resource for family healing initiatives for those who have been affected.
- F) Issues addressing employment (inequity) for Aboriginal people needs to be explored.
- G) An Aboriginal Housing Fund is required to address the housing needs of off reserve Aboriginal people and to supplement federal funding for First Nations communities with significant waiting lists. Further consideration must be given to providing a percentage of these resources for First Nations housing initiatives which are not funded by the federal government.

## **3. COMMUNITY CONTROL:**

- A) That child protection and welfare policies be changed in order to maintain Aboriginal children in their families, extended families, and communities.
- B) Governments must recognize and support the ability and expertise of Aboriginal communities to take responsibility and control to deal with their own problems.



Including Aboriginal control of administration, policy, design, development and delivery of community-based programs and services.

- C) Programs and services framework must respond to the needs expressed by communities and must be flexible to allow for them to reflect the uniqueness of each community and not restrict their initiatives and priorities. Including Elders involvement in planning, implementation and design of programs and services.

#### **4. RESEARCH:**

- A) Specific items identified by communities included being able to carry out their own needs assessments with the supports and back-ups they require; and research which increases the understanding of the values and beliefs of traditional child-rearing practices and parenting, with a view to reviving and supporting them within the context of present day living.
- B) That research related to programming for sexual assault victims and abusers be supported and that these initiatives recognize Aboriginal cultural imperatives and traditional values.

#### **5. FACILITIES:**

That more facilities are required to support healing initiatives. These include:

- Housing for Elders
- More Aboriginal school facilities
- More treatment for family violence and substance abuse and healing centres
- Crisis intervention and safehomes
- More training facilities
- More drop-in centres, recreation centres and child-care
- Adequate housing on and off reserve

#### **6. PERSONNEL:**

##### **A) Increased Staff:**

There is a need to increase the number of Community Resource Workers and retain existing workers to be more effective. Every community must have sufficient personnel to met their own needs.

There is a need for both female and male workers in each community, and for women workers to work with women clients/inmates.

Elders and traditional people recognized as accredited resource people without having to require certification.

Increase Aboriginal personnel to be reflective of and proportional to the percentage of Aboriginal clientele.

**B) Working Conditions:**

The need for adequate working conditions so that workers receive fair compensation for their work and overtime. Workers must be accountable to their communities.

**C) Support for Workers:**

Support is essential to prevent burnout and allow time for workers to deal with their own personal and family issues.

Healing opportunities for our caregivers are required.

Relief workers for service providers are also required.

**D) Role Models:**

Community members expect that their workers will live by a code of conduct which includes their attitudes, dress and behaviour and which acknowledges their importance as role models.

**E) Professional Resources:**

Establishment of a clearing house of professional resource people who could easily be accessed and consulted on sensitive issues. This would also help to provide early clinical support to aid in the identification of families in need.

## **SUPPORTIVE STRATEGIES FOR JUSTICE**

### **DEFINITION:**

Supportive in a justice context means Aboriginal community, government, justice officials and broader public sector processes or infrastructures that enhance or support the development, implementation and evaluation of Aboriginal justice healing responses and opportunities.

## GOALS:

To provide for and support ongoing community development and mobilization to respond to justice issues.

To facilitate justice program and policy changes, where required, by non-Aboriginal service providers to promote consistency with the justice components of the Aboriginal Family Healing Strategy.

To effect government justice policy and program changes to enable development, implementation and evaluation of the justice components of the Aboriginal Family Healing Strategy.

To respect current government justice program and service arrangements with Aboriginal communities that are supportive of the Aboriginal Family Healing Strategy.

## STRATEGIES:

1. To develop, implement and evaluate community development and mobilization strategies respecting justice issues for local Aboriginal communities and their respective leaderships.
2. To facilitate the development of local protocols with non-Aboriginal service providers to support the development and implementation of justice strategies at the community level, as appropriate.
3. To provide cultural awareness strategies for government and related services, broader public sector services and justice officials, where appropriate.
4. To develop appropriate funding mechanisms for development, implementation and evaluation of community based justice healing strategies.
5. To support and facilitate hiring Aboriginal staff in communities that are developing and implementing justice healing strategies.
6. To increase access by and representation of Aboriginal communities on local non-Aboriginal justice related boards and commissions relevant to justice issues.

7. To facilitate internal government justice ministries' review of policies and programs to support the development and implementation of justice healing strategies.
8. To facilitate the involvement of judges, crown attorneys, lawyers and police in the development, implementation and evaluation of justice healing strategies.



## A CULTURALLY APPROPRIATE ALTERNATIVE FRAMEWORK FOR JUSTICE

A number of themes emerged from the consultations in the area of justice:

- the need for treatment as opposed to punishment
- the need for offenders to be accountable to the community and to victims, and to accept responsibility for behaviour
- the need to address the cause of a problem, not just the behaviour itself
- the need for community stability and safety
- the need to ensure the safety of victims (including women and children)
- the need for culturally appropriate alternatives to incarceration
- the need for prevention
- the need for training of workers
- the need for Aboriginal community systems of justice, including Aboriginal design and control of programs.

A general framework emerged from the analysis of the consultations to present an example of the general way in which community-based justice structures could facilitate Aboriginal Family Healing and could interact with the existing system. This possible framework is presented in Charts A and B below.

Generally, this framework focuses on crisis intervention, assessment and treatment, and the development of alternatives to prosecution, child protection applications, and incarceration, where appropriate. It presents in a general way the stages at which an Aboriginal system could interact with the existing system to enhance a healing approach for the offender and the community, and to promote the accountability of the offender to the community and his or her ultimate reconciliation with the community.

On the community side, a wide variety of programming options could be developed to coordinate crisis intervention, promote traditional and community approaches to treatment and healing, address the concerns and healing needs of victims, and enhance the ability of the community to deal with issues within the community and develop prevention strategies.

On the justice system side, community programs and alternatives could interact with the existing system at a number of points:

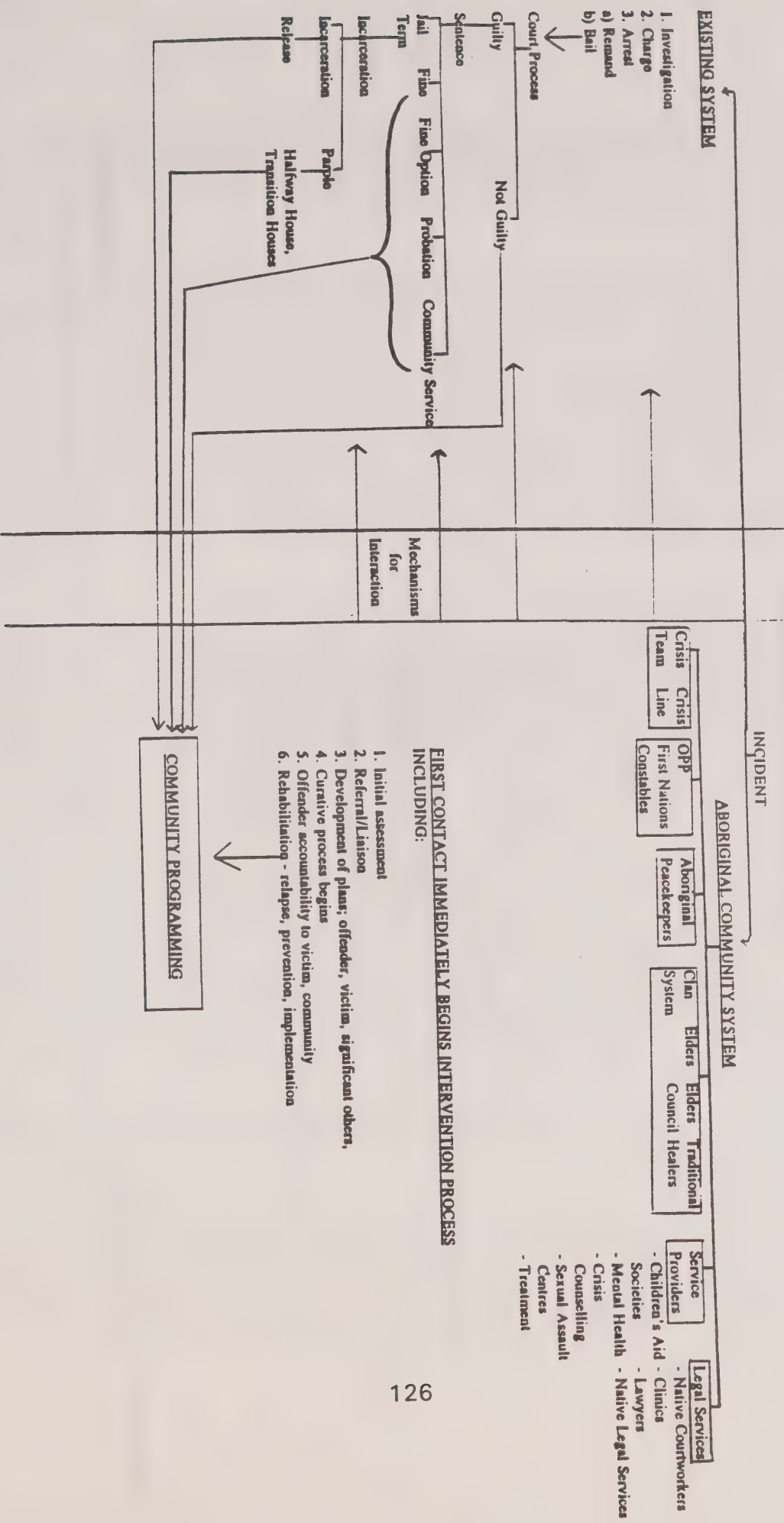
1. consultation on charging offenders and on child apprehensions
2. consultation on prosecution of offenders and development of customary care options

3. consultation on promotion and prevention activities
4. diversion and alternative measures
5. access to the offender while he or she is on remand and awaiting trial
6. participation in sentencing decisions
7. community based alternatives to incarceration and fines
8. community based probation and parole alternatives
9. access to the offender during incarceration
10. programs to reintegrate an offender into the community after incarceration, or where he or she is found not guilty, or charges are dropped.

General community programming could be utilized whenever an offender is released into the community.

ABORIGINAL FAMILY HEALING - JUSTICE MODEL

CHART A



INCIDENT

EXISTING SYSTEM

ABORIGINAL COMMUNITY JUSTICE SYSTEM

- A. Factors Determining How Incident is Reported
  1. Who intervenes in the incident
  2. Who the victim reports to, whether formally
  3. Who reports the offender, whether formally
  4. Who the offense is reported to
  5. Existing legislation (Child and Family Services Act, Liquor Control Act, Criminal Code)
- B. Factors Determining Which System is Involved
  1. Severity of offense
  2. Community readiness is to process incident
  3. Mental stability/competence of offender
  4. Readiness of offender, including readiness to be accountable for behaviour (can lead to delay of ACJ System)
  5. Remand inmates
  6. Assessment by community committees/coordinators/agencies
- C. Decision on Processing Offences
  1. Coordinating/Review Committee
  2. Elders Panel
  3. Crown Attorney
  4. Police
  5. Look at cause of problem



# **JUSTICE POLICY, PROGRAM AND LEGISLATIVE IMPLICATIONS FOR GOVERNMENT**

## **INTRODUCTION**

Arising from the justice strategies and the preceding example of how an alternative justice framework could be structured, there are significant implications for government, some of which are discussed in this section. The following identifies areas of possible policy, program and legislative changes for government to implement with regard to the justice components of the Aboriginal Family Healing Strategy. The discussion presents a range of options for consideration. Individual ministries are not yet in a position to indicate what options would be possible, and what options would be possible within a short, medium and long term perspective. Timing issues will be discussed in the Transition through Phasing section of the report. Resource implications and an assessment of the degree of policy change necessary have not yet been identified.

The existing justice system involves both Federal and Provincial jurisdictions. Within the Provincial Government, a number of ministries have mandates involving justice issues affected by the Aboriginal Family Healing Strategy. The major ministries affected are: Ministry of the Attorney General, Ministry of Solicitor General and Correctional Services, Ministry of Community and Social Services. Other Ministries which may be affected include Ministry of Consumer and Commercial Relations.

## **PROGRAM AND POLICY OPTIONS**

The following outlines options for program and policy reviews by participating ministries to enable implementation of the Strategy in five areas: Ministry of Attorney General and Justice Professionals, Correctional Services, Policing, Community and Social Services, and possible Legislative changes. Some of these options may change as the description of the Strategy is further elaborated. Limitations to Ministry policy and programme changes include availability of financial and human resources. It should be noted that Ministries have not yet had an opportunity to review these options.

### **A. Ministry of Attorney General and Justice Professionals**

#### **1. Sentencing Options**

There are a number of available options for sentencing under current criminal law, particularly probation and conditional discharges, and community service orders. Crown Attorneys could work with offenders, private lawyers, legal services and the Aboriginal communities to develop effective sentencing options for offenders.

Options for direct participation of Aboriginal communities in sentencing decisions include: sentencing panels sitting with judges and justices of the peace to advise on sentence<sup>5</sup>; sentencing circles involving appropriate community and family membership. Justice projects in Sandy Lake First Nation and Attawapiskat First Nation include sentencing panels.<sup>6</sup>

The attached Appendix III reviews the range of possible mechanisms available within the Criminal Code for sentencing alternatives.

## **2. Diversion and Alternative Measures**

Diversion of offenses to community based programs is also an available option. Such diversion may occur informally before a charge is laid through the exercise of Police discretion, and after a charge is laid through the exercise of Crown Attorney discretion.

Two diversion programs in Ontario are currently being operated by Aboriginal communities, in Attawapiskat First Nation, and in Metropolitan Toronto by Aboriginal Legal Services of Toronto. Neither project at present deals with sexual offenses or violent offenses, but they do deal with a wide variety of offenses relating to young offenders, alcohol offenses, band by-law offenses and less serious criminal offenses.

A number of general criminal diversion projects are currently operating in Ontario on a pilot project basis. Under these projects, first-time offenders accused of less serious crimes can have their charges dealt with outside of the court system. The emphasis is on community service, restitution and other non-punitive measures which aim at rehabilitation of the offender and, where possible, helping the victim.

The charges are removed from the court system by the Crown Attorney who exercises his or her prosecutorial discretion by staying or withdrawing a charge. The Crown Attorney's decision is based on an analysis of the public interest considerations which are relevant in the individual case. All prosecutorial decisions by Crown Attorneys must be made in accordance with established legal criteria. The circumstances of the offense and the wishes of the victim are two factors that can

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<sup>5</sup>R.v.Willocks, unreported case of the Ontario Court (Provincial Division), July 7, 1993, Vaillancourt, J, rejected arguments that such panels infringe the rights of the Accused

<sup>6</sup>For further detail on the Attawapiskat and Sandy Lake justice projects, see Obonsawin-Irwin, Inc. An evaluation of the Attawapiskat First Nation justice project and An evaluation of the Sandy Lake First Nation justice project, July, 1993.

be considered. The Crown Attorney can also take into account the recommendations of community members having a knowledge of and interest in the matter. Each case must be dealt with individually, whether the issue relates to proceeding with the prosecution of a charge or diverting it from the court system.

A diversion program can only exist where there are resources in place to deal with the offender outside of the court system.

Charges involving violence against women, such as spousal assault and sexual assault, are not eligible for diversion under the current schemes. The Ministry of the Attorney General has a firm policy calling for the vigorous prosecution of these offenses, in order to protect victims and to deter the offender or others. It is the Ministry's current view that before consideration could be given to diverting charges of this nature, there would need to be in place a viable and effective alternative under which the rights and needs of all those involved could be addressed: offenders, victims, families, and communities. Addressing these issues is a part of the approach of the healing continuum.

Diversion programs are also operating in a number of provincial jurisdictions, including Nova Scotia, Alberta, Manitoba, British Columbia and Yukon.

Alternative measures may also be introduced through such vehicles as victim/offender mediation programs.

Under the Young Offenders Act a number of alternative mechanisms may be developed, including alternative measures programs and youth justice committees<sup>7</sup>.

In the development of such alternatives there is a wide scope for the development of programs which meet the needs of the particular community.

The Joint Steering Committee has not come to a consensus on the appropriate role of the police and crown attorneys in such programs. Some members of the community felt that decisions on which individual cases should be prosecuted should be that of the community, whether by a community justice authority or some other similar entity. The Ministry of the Attorney General and the Ministry of the Solicitor General and Correctional Services take the position that the exercise of this discretion is a function of the authority and responsibility of the Attorney General and the police, respectively, and that such authority cannot be delegated in individual cases.

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<sup>7</sup>A limitation on establishing Youth Justice Committees is the requirement in the Act that such committees serve without remuneration. However some jurisdictions have made extensive use of the Youth Justice Committee concept, such as the Northwest Territories.



However, a number of mechanisms can enhance community involvement in decision making in this area, including increased consultation by police and Crown attorneys in prosecution decisions, consultation on diversion and alternative measures. Consultation can also occur on the issue of what types of offense are of particular concern to a community and how they can best be addressed.

### **3. Training of Ministry Staff**

The importance of effective training of ministry staff in cross-cultural issues and in effective consultation and co-management with Aboriginal communities is essential to the development of appropriate alternatives. Affected staff include: policy staff, courts staff, Crown Attorneys, senior management.

### **4. Effective Court Related Policies**

A number of areas should be reviewed, including:

- a) policies on transportation of offenders, witnesses and community representatives to and from court
- b) culturally appropriate and effective services for victims
- c) culturally appropriate and effective treatment of child witnesses, including the availability of alternatives for testifying
- d) court frequency in remote communities
- e) review of treatment of young offenders in institutions, especially on remand

### **5. Ministry Policies on the Prosecution of Serious Criminal Offenses**

There is not a final conclusion from the Joint Steering Committee with respect to the issue of the treatment of serious criminal offenses, particularly offenses of violence against women and children. This is an issue of concern for a number of participating Ministries and Directorates, including the Ministry of the Attorney General, the Ministry of Solicitor General and Correctional Services, and the Ontario Women's Directorate.

Current Ministry of the Attorney General policy is that offenses of violence against women shall be "vigorously prosecuted". Current policy of the Ministry of the Solicitor General and Correctional Services directs the laying of charges in such cases.



In practise this means that these offenses are not subject to diversion and they are treated as being appropriate for serious penalties, depending on the nature of the individual case.

The community consultations revealed different perspectives on the question of prosecution.

It may be appropriate to review the Ministry's policies on this matter, particularly where appropriate and effective alternatives have been developed in particular communities. The justice model also demonstrates ways in which to involve the Aboriginal community justice system in a particular case through access to the offender on arrest, during remand, during bail, and in advising on sentencing.

This is likely an area where further discussions among Aboriginal communities, the Ministry of the Attorney General and other affected Ministries will be required.

## **6. Review of Appropriate Guidelines:**

A review should be undertaken of relevant directives and guidelines to Crown Attorneys which would facilitate a healing strategy. Where such guidelines involve or refer specifically to Aboriginal communities, the guidelines should be developed following consultation with Aboriginal communities on their appropriateness and accuracy. Currently, there are only two directives directly relevant, a general directive on the prosecution of sexual assault offenses, and a general directive on issues of concern to Aboriginal communities.

## **7. Courts Management Advisory Committees:**

Regional courts management committees are provided for under the Courts of Justice Act. Increased Aboriginal community involvement in these committees could facilitate development of options and programs for the Strategy. A policy review to facilitate this could be undertaken.

## **8. Cross-Cultural Awareness Training for Judiciary**

Because of the independence of the judiciary, it is not possible for the Ministry to develop such programs on its own. However, discussions with the judiciary should be pursued to determine ways to develop such training programs and to facilitate their use. As well, resources on the options available in sentencing, particularly the involvement of sentencing panels and sentencing circles could be developed in conjunction with the judiciary.

## 9. Native Justice of the Peace Program

Some consultation results indicated that the Native justice of the peace program was beneficial and the availability of Native justices of the peace should be expanded. The matter of availability of Native justices of the peace could be reviewed according to the needs of the particular community.

## 10. Family Law Matters

A number of family law issues need to be reviewed further:

- a) access of Aboriginal women to court processes for ordering support, access, and restraining orders, and exclusive possession of the matrimonial home off reserve.
- b) exclusive possession of the matrimonial home is an issue for federal review because provincial law with respect to exclusive possession does not apply on reserve. It is also an issue for review by First Nations governments because of the responsibility of those governments for housing on reserve.
- c) support enforcement issues, particularly the ability of the Family Support Plan to enforce support orders on reserve.
- d) mechanisms for alternative dispute resolution:

There are several possibilities for the development of community-based mechanisms as alternatives to court processes. One alternative is mediation on consent of the parties. Currently, mediation projects undertaken by the Ministry of the Attorney General do not mediate situations where there has been family violence because of the inherent power imbalance between the offender and victim. Issues relating to the appropriateness of family law mediation in cases involving Aboriginal family violence would need to be reviewed.

## 11. Civil Law Matters

Civil law matters can be mediated on consent of all parties or can be made subject to the Arbitrations Act on agreement of all parties.

## **12. Victim Witness Assistance:**

This program could be reviewed to determine its ability to meet the needs of Aboriginal communities.

## **13. Official Guardian:**

This program could be reviewed to determine its ability to meet the needs of Aboriginal communities and its coordination with Aboriginal communities and agencies.

## **14. Public Drunkenness:**

The offense of public drunkenness pursuant to the provincial Liquor Licensing Act results in a large number of charges of Aboriginal persons. The committee reviewed possible options for addressing this, including repeal of the provision, and alternative treatment of offenders. These matters should be further reviewed.

## **B. Correctional Services**

### **1. Legislation and Policy**

The Aboriginal Family Healing Strategy as it pertains to adult correctional clients does not appear to conflict with the Ministry of Correctional Services Act, March 1989. Those changes so far identified as necessary to effect the Strategy appear to be in the realm of policies and procedures, guidelines, and directives. If no amendments to legislation are required, then it would be within the purview of the Ministry of the Solicitor General and Correctional Services to effect necessary changes.

The foregoing appears also to hold true for Healing Strategy initiatives which may affect young persons detained or committed under the Young Offenders Act, 1980-81-82-83 (YOA). The Declaration of Principle contained in the YOA, specifically 3.(1)(f) and (h) and 3.(2), appears to support the community-based/community responsibility concept of the proposed Healing Strategy. The Province has the responsibility for establishing and operating young offenders programs and facilities under the provisions of the Ministry of Correctional Services Act and the Child and Family Services Act in accordance with the provisions of the federal Young Offenders Act. The provincial director role in corrections is by ministerial appointment.

Suggestions for delegation to Aboriginal control, dependent on individual community readiness to accept responsibility, include the provincial director role to accommodate the following:

- Pre-disposition report preparation
- Receipt of copy of youth court disposition
- Approval of community service programs
- Supervision of young person on probation
- Specific open custody facility (remote reserves initially?)
- Report for prosecutorial use on availability of a place of custody suitable for intermittent custody
- Responsibilities regarding automatic review by a youth court of disposition involving custody
- Authorize temporary release from custody
- Assign cases to youth workers
- Authority to attend court hearings
- Authority to attend court hearings after adjudication or during review
- Provide services as necessary to young persons under age 16 (within the meaning of the YOA)

One potential area of concern relative to Aboriginal community control over dispositions under the YOA is the requirement to hold/house young persons separate and apart from adult remand/sentenced correctional adult clients.

## **2. Other Limiting Factors**

- Acknowledgement of the Statement of Political Relationship (SPR) and the move towards Aboriginal self-government
- Insufficient cultural awareness and sensitivity training for ministry personnel
- Barriers to employment equity for Aboriginal persons at all levels of correctional services
- Level of acceptance of gender, racial and ethnocultural bias in:
  - policies
  - procedures
  - guidelines
  - directives
  - classification
  - institution programs (adults)
  - young offender programming
  - all medical and therapeutic services
  - Ontario Board of Parole hearings
  - Alternatives to current forms of incarceration



- Criminalizing factor of existing justice process is at odds with Healing Strategy Concept
- Insufficient Aboriginal trainers for immediate community-level training on scale necessary to address time frames expressed elsewhere in the Healing Strategy
- Role of NGOs in service delivery to Aboriginal community
- Easily identifiable fiscal resources for any/all aspects of the Healing Strategy which would remain within the perimeter of correctional services' direct delivery

### **3. Strategies for Working with Offenders in Federal Institutions**

Due to time restraints, this area could not be fully developed and will require further address.

### **4. Program Options**

Existing resources specific to correctional services also include existing programs and services (Attached, Appendix V).

As a result of the relatively high numbers of adult Aboriginal women offenders who were being transferred south to prisons from remote northern communities, and in agreement with NAN to improve correctional service delivery in NAN communities, Correctional Services entered into an Agreement in fiscal 89/90 with Fort Albany to establish a Native Women's Residence there for sentenced women from James Bay communities.

By the time the building was ready for use, in late 1992, the situation had changed and no potential residents could be identified. A combination of factors may have caused this situation, including the lack of a needs assessment, Aboriginal communities' own progress in dealing with issues, different types of dispositions resulting from the Ministry of the Attorney General's Alternative project established at Attawapiskat.

What is most important here, and in line with the direction of the Healing Strategy, is that some women have not been incarcerated or removed from their communities.

At the present time, two Phase II female young offenders are in residence, and it is becoming obvious that the young offender courts in the area warrant changing the focus of the residence to a 'safe house' for female Phase I and II young offenders. This would have implications for practical issues such as policies and procedures, guidelines, staff training, etc.

A number of correctional programs exist for Aboriginal adult and young offenders (see Appendix V), in several urban and remote communities and correctional institutions.

For instance, 35 Native Community Corrections Workers (NCCWs) on contract with the ministry assist in the supervision of Aboriginal probation clients, largely in remote areas. They are supervised by ministry probation and parole offices located in Kenora, Fort Frances, Cochrane, and Thunder Bay. The NCCWs' supervision caseloads run the gamut from about 3 to about 20, and their salary level is considerably lower than that of accredited ministry probation and parole officers; however, the work does not contain all aspects of the work conducted by probation and parole offices.

Positions have been established in communities which carry the responsibilities of NCCWs, in addition to other responsibilities, and which have a direct reporting relationship to Chief and Council. In this way these workers gain community support and understanding, and at the same time the community is able to be involved in the process and can recommend action and/or change. This arrangement supports the Aboriginal community responsibility thrust of the Healing Strategy and therefore may be an appropriate direction in which to move the NCCW program.

The Ne'Chee Friendship Centre in Kenora has been operating a Native Inmate Liquor Offender program at the Kenora Jail since 1988. This is an Aboriginal delivered program which is considered to raise the level of awareness among inmates of the extent of alcohol abuse and their need to seek assistance. There needs to be discussion about what constitutes success for this and other Aboriginal programs operating in correctional institutions, so that future evaluations are grounded in Aboriginal cultural beliefs, traditions, and experience.

The Fine Option program, which began about 18 months ago in Kenora, has had very limited success. Some consider this to be a problem of selection, which allows only for provincial offenses and excludes disposition of similar offenses under the Indian Act.

### **C. Policing:**

A number of issues related to policing were identified by the community consultations conducted as part of the development of an Aboriginal Family Healing Strategy. Addressing these issues will have policy, program and legislative implications for the Ministry of the Solicitor General and Correctional Services, the federal government and First Nations.

#### **Self-policing**

1. The Ministry of the Solicitor General and the Ontario Provincial Police are committed to the transfer of responsibility for policing First Nations' territories to First Nations.

The policy of promoting First Nations control of policing is highly consistent with the proposed Aboriginal Family Healing Strategy.

2. The Ontario First Nations Policing Agreement 1991-1996 provides a multi-year framework for implementing self-policing through tripartite negotiations between First Nations, Canada and Ontario.

There may be a need to develop federal and provincial legislation to support the agreements. Given existing constitutional structures, there are limits on Ontario's ability to accomplish this without full participation of First Nations and the federal government.

3. First Nations police will need support through supervision and training to provide peacekeeping services that are appropriate to their communities, including enforcement of First Nations' laws. Such services would support and involve community resources and traditional values, where appropriate, rather than emphasize enforcement of non-Aboriginal laws.
4. The Ministry may need to explore opportunities for healing for Aboriginal staff, including traditional healing strategies.

### **Training Needs for Police**

1. A review of cultural sensitivity training for police regarding Aboriginal history, individual, family and community dynamics, and Aboriginal values is needed to provide more appropriate policing services to Aboriginal communities.
2. A review of training and information is also needed specifically regarding the police response to family violence in Aboriginal communities. Such training could incorporate the use of Aboriginal community-based services, including Elders and community leaders as an alternative or as supplements to enforcement within the non-Aboriginal justice system.
3. A review may be needed regarding how the Aboriginal Family Healing Strategy affects the criminalization policy and practice regarding the laying of charges in response to incidents of wife assault. Such a review would be in concert with other Ontario ministries and agencies.

### **Employment Equity**

1. The Police Services Act and Ministry policy provide the means of ensuring that police services are representative of the communities served. This policy is highly consistent with the Aboriginal Family Healing Strategy.



## Community-Police Relations

1. Present legislation (Police Services Act) and policy (e.g. Race Relations Policy and OPP operational policy) support the development of better relations between Aboriginal communities and police.

The implementation of a community policing philosophy would provide Aboriginal communities with meaningful participation in the development of police policy and priorities.

2. The model Race Relations Policy calls for the provision of police services without discrimination. Adoption of the policy by police services would be consistent with the proposed Aboriginal Family Healing Strategy.
3. Police will need to encourage developing working relations with Aboriginal community-based services. Officers will need to be informed about what services are available and how to channel Aboriginal people to them.
4. Police may need to be more available to participate in community awareness activities about family violence issues and about informing communities of their rights under the law.
5. Police forces may need to review the need for designated personnel or units to build strong relations with Aboriginal communities and services. Such efforts need to be developed in consultation with Aboriginal communities.

## D. Community and Social Services

1. A review of flexibility under current legislation to achieve goals, especially Part X, Child and Family Services Act. The discussion which follows reviews some possible options in this area, as well as possible legislative changes.

Part X of the CFSA, Sections 208 to 213 inclusively provides for Aboriginal communities to take charge and create alternatives to protect Indian or Aboriginal children and families. The scope and range of this part of the legislation can be as minimal as "notification" of a band, where no designated Native Child Welfare Society exists", to full Society status as described in part X, section 211(2)(C) and Section 96. Part X of the CFSA allows for the development of Aboriginal alternatives to the contemporary provincial child welfare system. The basic tenets of the need for existing Aboriginal Child Welfare Societies and for the creation of additional Societies are:

- i) to preserve Aboriginal culture and maintain a distinct identity for Aboriginal people;



- ii) to strengthen and preserve traditional Aboriginal families and communities; and
- iii) to ensure and preserve future growth, support and development of all Aboriginal children with Aboriginal families and communities.

It is critical that Aboriginal people are able to use this mandate in order to operate and use existing mechanisms to be able to function without interruption or interference.

Aboriginal Child Welfare Societies are merely a "starting point" until self government is achieved. Currently, Aboriginal Child Welfare Societies are instruments by which Provincial and Federal governments feel comfortable and recognize the Aboriginal communities needs for control of their own destiny. It is expected, however, in a self-governed environment that responsibilities for Aboriginal child and family matters will not be delegated to authorities of a provincial minister and/or ministries.

A key concept that must be acknowledged and recognized with respect to Aboriginal Child and Family services is devolution. Devolution is the transfer of responsibility and services that will evolve over a period of time, from designated Aboriginal Child Welfare Societies back to the band level. In this process, designated Aboriginal Child Welfare Societies will gradually move along the continuum from a services delivery organization to that of advisory organizations that offer consultative and resourcing support. This process would allow for each First Nation Band to individually develop a community perspective/code in relation to how they need and want a family and children's service designed and delivered in their unique community.

Until devolution of child and family services can be divested to individual First Nation Bands, the existing Aboriginal Child Welfare Societies must be maintained and supported and the weaknesses of the legislation must be addressed.

Regulation 223 states:

The Lieutenant Governor in Council may make regulations for the purposes of Part X,

- a) exempting an Indian or native child and family service authority, a band or native community or specified persons or classes of persons, including persons caring for children under customary care, from any provision of this Act or the regulations;
- b) prescribing matters requiring consultation between societies or agencies and band or native communities for the purposes of clause 196 (h). 1984, c. 55, s. 223.

The hiring practices in Aboriginal Child and Family Services must be acknowledge and interpretation of the Regulations must support the practice of hiring individuals whose strength in intervention comes from a community knowledge base, language facility,

and understanding of cultural and traditional belief and value system. It is not the practice for employers of Aboriginal Child and Family service organization or those employers at the Band level to hire people with formal education levels; experiential learning is considered more important. If the Regulations are interpreted narrowly, then few Aboriginal individuals will be employed by designated Aboriginal Child and Family Service Societies. However, Section 29 (b), Regulation 70, permits the Minister to relax professional qualification of a local director and "social work assistants".

The frequency of ritual abuse and satanic practices is now beginning to surface within reserve communities and non-reserve Aboriginal communities. As Professor Marlene Brant-Castellano states, "All it takes for the evil twin to prevail in our lives, is for the good twin to do nothing." This insidious form of abuse needs to be acknowledged and funding mechanisms need to be flexible enough to assist communities in attempting to deal proactively with this type of abuse. Specific training in the areas of identification and intervention are required immediately. This may be a contributing factor to the high incidence of alcoholism, sexual abuse and suicide.

Ultimately, all sections of the existing legislation need to be reviewed to ensure that the basic goals of community care and community focus are working effectively for all Aboriginal children on and off reserve.

Regulation 223 (a) could be utilized as a lever for all Aboriginal children and families, where no mandated Aboriginal Child Family Services Society exists, to enjoy the same services and continuity of care as those areas where a designated Aboriginal Child and Family Services Society exists. This is particularly significant in communities where an attitude of intransigence and "holding individuals to their pasts" exists and impedes the ability of the individual to receive services in a manner which respects and preserves and maintains a distinct identity for Aboriginal people.

It is important to note for the purposes of this submission that there are certain sections of the existing CFSA that may not be consistent with the process of devolution and/or with the framework of Aboriginal Community Healing. Thus, application of Part X of the Child and Families Services Act needs to be reviewed.

Section 81 (2) enables the Office of the Official Guardian to make sue on behalf of a child for recovery of damages for abuse suffered. In these cases, children need to be represented by lawyers who are culturally sensitive, and who understand the nature and severity of abuse, not only from an individual perspective but from a systemic perspective as well. Ideally, Aboriginal Child Advocacy Boards should be considered as a priority.

Current interpretations of Section 86 of the CFSA often fail to legitimize the spiritual practices of Aboriginal persons. This also need to be considered when repatriating Aboriginal children who have been removed from their communities. (i.e. Residential School, adoption with non-Aboriginal families).



Section 46 (2) of the CFSA needs to be revisited to permit children in crisis who are a risk to themselves or others to use open detention facilities, as a place of safety, without a court order. In Northern Ontario where resources are scarce and where accessibility to Judges is limited, a provision should also exist to permit appearances before a Justice of the Peace.

Regarding Section 75, the Act needs to be reviewed to ensure that models of devolution , eg. Community Care Programs at a Band level, where traditional healing is a focal point, can be accommodated. Issues of reporting and registration also need to be reviewed.

Section 73 (1), (2), (3), (4), (5), (6), (7). The concept of a "review" team is not unacceptable but the composition and qualifications of the team as defined in this section does not currently fit within the framework of the Aboriginal Healing model. However, there is authority to make broad exemptions in Section 226 (a). This could apply here. Consultation with Aboriginal Child and Family agencies should be initiated as soon as possible to develop an alternative model that reflects traditional and cultural values and standards.

Ministry standards and guidelines with respect to foster care and child abuse guidelines need to be reviewed to determine whether or not they are compatible with the basic components of an Aboriginal Family Healing model and, if not, develop an acceptable alternative. Other areas of concern that require further exploration are in the areas of repatriation services and outreach services (children adopted off their reserve) and access services (flexibility to have a fee for service basis for Aboriginal persons living on or off reserve where no Aboriginal Children and Family Services Society or Community Care program exists). Protocols must be put in place, especially in areas where historical intransigence exists to ensure that services to Aboriginal persons are individually based with a commitment to embracing cultural and traditional values.

## **2. Issues for further consideration are offered below.**

### **a) Adoption issues**

Issues concerning the adoption of Aboriginal children need to be reviewed. Aboriginal adoptions need to be addressed by the Act.

### **b) Protection proceedings and Customary Care**

Under the current legislation when a protection proceeding takes place, an Agency is required to file the application with the Court and it is the Court which makes the order based on the information provided by the parties involved. A parallel system would be to have protection proceedings filed with the Band Councils of each community since the use of Customary Care is allowed. Customary Care could include voluntary agreements as they are currently use

and sanctioned by Band Councils resolutions. When there is a dispute it could still allow parties to present their views to the Band Councils and it could be the Band Council that will make an order based on the information provided much like the Court system in place now. So Customary Care could be used for voluntary as well as non voluntary situations. This arrangement still allows for the representation of the Agency, family, and the Band. This is part of the self government process.

c) Off Reserve Issues

Off reserve issues should be further reviewed. It was not possible to do so within the context of this report.

## E. POSSIBLE LEGISLATIVE CHANGES

The following were identified as possible areas for review of legislative options;

1. Possible amendment of CFSA s. 46(2) to enable taking of a young person to open detention facilities as a place of safety, is required in emergency/remote situations.
2. Expanding roles of Aboriginal Justices of the Peace in summary conviction offenses (Justice of the Peace Act), and under Child and Family Services Act, s. 46(2)
3. Review of options for increasing representation of Aboriginal persons in the judiciary. One option would be to review the possibility of an interim appointment program with reduced years at the bar, pre appointment training program and agreement to be attached to a northern circuit. This issue would involve amendments to the Courts of Justice Act.
5. Review of possible amendments to Juries Act to enhance Aboriginal representation on juries.
6. Other CFSA issues (see above)







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## MANAGEMENT STRUCTURE AND COMMUNITY PROCESS

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### NEGOTIATION OF IMPLEMENTATION

The approach of the Aboriginal Family Healing Strategy is to provide a comprehensive, ongoing and flexible framework. The framework proposed allows a broad and linked range of initiatives to be developed with the maximum amount of community generated response to family violence.

The Strategy Framework does not propose a model. This is also true of the next sections of the report, including the Management Structure and Community Process, Costing and Phasing Implications and Transition Through Phasing. The structures, processes and phases outlined in these sections are not intended to be seen as the only possible structure for implementation of the strategy. The flexibility of the strategy requires and permits further negotiation of implementation between the Province and the Aboriginal community.

Further negotiation of an appropriate management structure will be required. Among the issues to be addressed through negotiation is a suitable management structure for the strategy, whether regional and centralized.

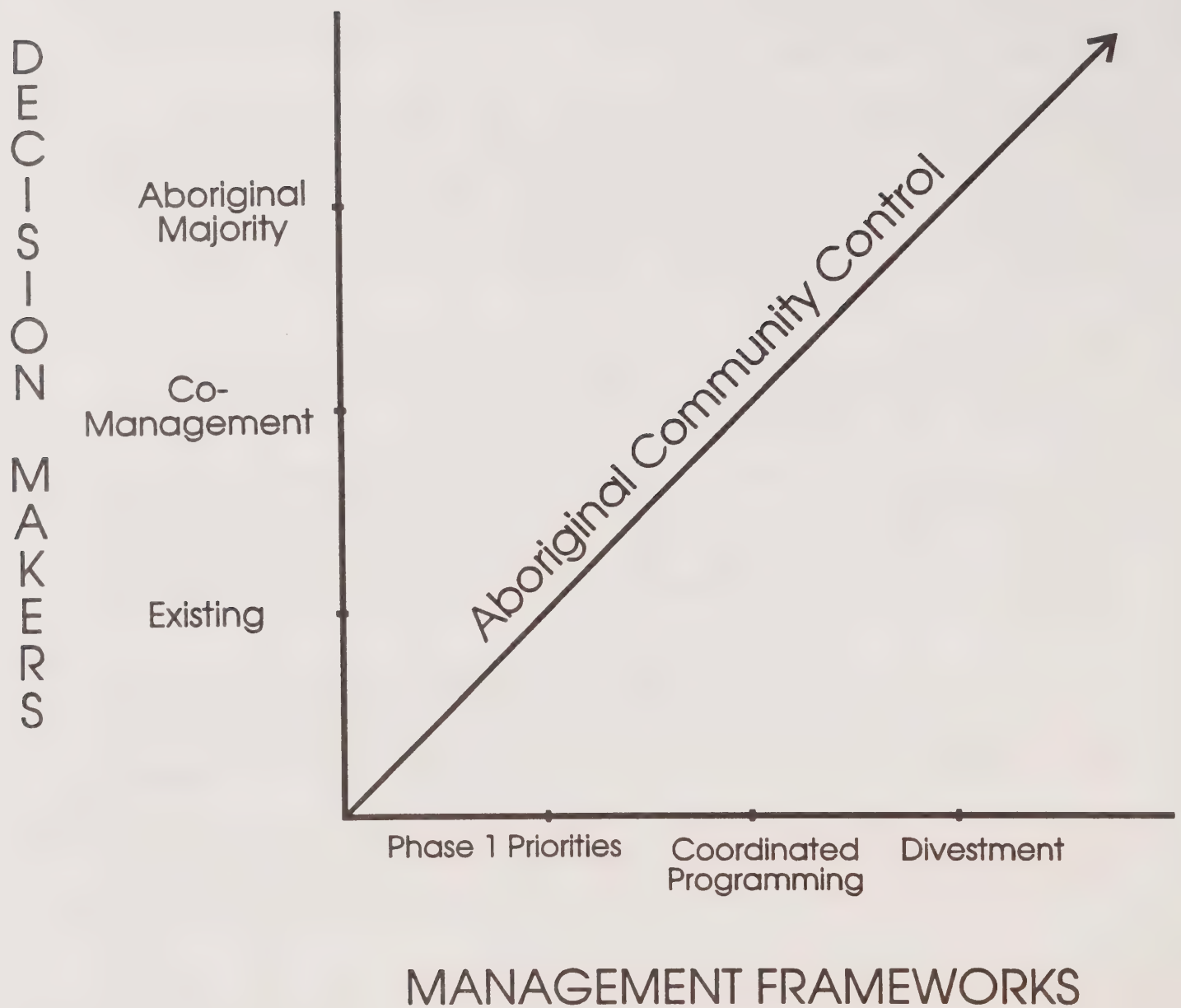
Other negotiations with respect to the operations of the management structure will have to take place. Issues of accountability for funds, how funds are identified and accessed, on what basis funds are distributed, and appeal mechanisms for funding decisions will have to be addressed. This work will begin with implementation of the transition team which will have representation from the Province and the Aboriginal community.

A flexible format for continued negotiations with respect to the Costing and Phasing and Transition Through Phasing will have to be developed. Divestment of existing programs and funding to Aboriginal communities will be negotiated separately from any funding identified to support the priorities identified for Phase One of the initiative.

Divestment to Aboriginal communities as a key component to facilitate community development and successful implementation of the strategy over time is articulated in the Transition Through Phasing section of the report. Negotiation will be necessary

# Devolution of Aboriginal Family Healing Strategy Programming

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to determine which government programs and services will be transferred immediately, or in the short term, to Aboriginal authority and control; which services and programs will require further discussion and negotiation; and ultimately, when and how divestment will occur.

Negotiation is the key to implementation of the Aboriginal Family Healing Strategy. Negotiation of the elements discussed above, and many matters crucial to implementation, will begin upon approval of the Cabinet approval of the strategy. Beginning with the immediate creation of a Transition Committee, it is proposed that the province and the Aboriginal community begin to negotiate shared control and authority over some of the programs and services that support the strategy, and to develop the necessary protocols.

## **STRUCTURE AND PROCESS**

This part of the report is divided into two sections. Section A proposes an overall management structure for implementation of the Aboriginal Family Healing Strategy. Section B outlines the processes required at the community level.

### **SECTION A OVERALL MANAGEMENT STRUCTURE**

#### **INTRODUCTION**

This section of the report proposes a series of Management Committees that exist on a continuum of devolution of management responsibility from individual ministries to Aboriginal communities. This approach will allow for divestment to be phased in over time. This phasing could be accomplished under current legislation, except for mandatory services. These Committees are as follows:

- 1) Transition Committee
- 2) Phase I - Joint Management Committee
- 3) Coordinated Programming Committee
- 4) Divestment

#### **BACKGROUND**

In order to arrive at an overall management structure to facilitate the implementation of the Aboriginal Family Healing Strategy, four Federal and Provincial management framework models were examined by the Joint Steering Committee. These frameworks are being used currently to provide services to Aboriginal communities.

The four models are the:

- Canadian Aboriginal Economic Development Strategy (CAEDS)
- Ontario Aboriginal Education and Training Strategy (AETS)

- Pathways to Success, Employment and Immigration Canada
- Brighter Futures, Health and Welfare Canada (Medical Services Branch)

The feedback from this review identified a number of Management Framework "desirables" against which management structures for the Aboriginal Family Healing Strategy need to be compared. These were:

- 1) that the focus of the initiative be long-term;
- 2) that the initiative be linked to one funding source;
- 3) that the level of funding for initiative be negotiated with Aboriginal representatives;
- 4) that the decision-makers are Aboriginal;
- 5) that the decision-makers represent all the constituencies;
- 6) that the decision-makers are at arms-length from program/service delivery;
- 7) that the priority and criteria setting be done by Aboriginal people or, at minimum, that they have input;
- 8) that the funding distributions represent geographic differences and on/off reserve;
- 9) that there is support of local development and capacity-building;
- 10) that the "level-of-readiness" of communities is recognized;
- 11) that there is capacity for flexibility in funding-level decisions;
- 12) that there is short turn-around-time on proposals;
- 13) that support and funding is available for proposal development;
- 14) that proposals can be submitted at various times during the year;
- 15) that funding can be longer term;
- 16) that the initiative can interact with/complement other Federal and Provincial initiatives;
- 17) that less established programs/communities will also be fairly considered; and
- 18) that an appeals process be considered.

Based on the above feedback, it was apparent that any management structure used for implementation of the Strategy needed to have input from Aboriginal communities. The series of Management Committees proposed in the following pages are all based on this fundamental premise.

## **1) TRANSITION COMMITTEE**

It is proposed that a Transition Committee be struck as soon as Cabinet approves the next Aboriginal Family Healing Strategy submission, and that it complete its mandate by March 31st, 1994.

### **Committee Mandate:**

To negotiate the protocols necessary for the Phase I Management Committee including, but not necessarily limited to:

- o Membership of the Phase I Management Committee, including the lead ministries
- o Accountability/Evaluation mechanisms for Phase I
- o Dispute Resolution/Appeals Processes for Phase I
- o Frequency of meeting for the Phase I Management Committee
- o Costing for the Phase I Management Committee
- o Deployment of Aboriginal and government resources required for both the Phase I Committee and for ongoing technical support. Identification and dedication of these resources is critical.
- o Decision-making mechanisms

#### **Committee Membership:**

Representation from each of the eight Aboriginal organizations and the four co-lead Ministries (the Ontario Native Affairs Secretariat, the Ontario Women's Directorate, the Ministry of Community and Social Services, and the Ministry of Health). It is crucial that the Aboriginal Organizations and the co-lead Ministries dedicate the resources required for this transition and planning phase.

## **2) PHASE I JOINT MANAGEMENT COMMITTEE**

It is recommended that a Joint Management Committee be established to oversee the implementation of the Phase I priorities identified elsewhere in the document. This co-management approach would begin to share control and authority over some of the Aboriginal Family Healing programs, with Aboriginal communities. It is a form of decision making that begins to support the Aboriginal community's desire for greater decision-making in policy funding and programming decision (see Management Framework Desirables: 4, 5, 7, 9).

It would also provide an immediate and tangible indication of the government's commitment to addressing the healing needs of Aboriginal peoples. Although programming would continue to be provided within existing ministry mandates and budgets, ministries would be expected to make changes to existing program policies and procedures to make them more consistent with the Aboriginal Family Healing Strategy. During Phase I ministries would also be expected to complete an analysis of all programming provided to Aboriginal people and how these services interfaced with those of other ministries. This information is required for implementation of the coordinated programming described later in this report.



### **Examples of Existing Initiatives:**

Native Community Branch, Ministry of Citizenship

Aboriginal Education and Training Strategy

### **Committee Mandate:**

Committee members must have the authority to speak on behalf of their Aboriginal Organization or Ministries in terms of:

- 1) Priority and criteria setting for Phase I implementation
  - 2) Recommendations to the relevant Minister about the funding of programming needs identified for Phase I
- o upon request, provide advice on other government initiatives, for Aboriginal people
  - o Federal issues (see Recommendations section of this report)

### **Committee Structure:**

The maximum size of the Committee would be 12 including a representative from each of the eight Aboriginal organizations participating in the Strategy and the Co-lead Ministries. Co-lead ministries for Phase I implementation will be negotiated by the Transition Committee. Other ministries would be invited as necessary for issue-specific decision-making.

### **Frequency of Meetings:**

One of the issues that will need to be decided by the Transition Committee is the frequency with which the Phase I Joint Management Committee meets. However, it is expected that four meetings a year will be sufficient. Between meetings, the Committee would be supported by technical staff from each of the Aboriginal organizations and the co-lead ministries.

### **Sources of Funding:**

- o Ministry expenditures related to Phase I priorities
- o Existing project funding for Aboriginal programs and services, related to the Aboriginal Family Healing Strategy, that is not allocated on an annual basis.



- o Where possible, Federal special initiatives funding should be considered when establishing priorities and criteria and making funding recommendations to Ministers.

#### **Accountability/Evaluation Mechanism**

One of the tasks assigned to the Transition Committee will be the negotiation of the necessary protocols among Aboriginal Organizations and between the Organizations and the Government of Ontario, for accountability and evaluation during Phase I.

#### **Dispute Resolution/Appeals Process**

The Transition Committee will also be expected to negotiate the protocols among Aboriginal Organizations, and between Aboriginal Organizations and the Government of Ontario, for both a dispute resolution mechanism and an appeals process.

### **3. CENTRALIZED<sup>8</sup> COORDINATION OF ABORIGINAL FAMILY HEALING PROGRAMMING**

In the medium term (2-5 years), the Phase I Management Committee will evolve into a two-tiered Management Committee which will oversee coordination of all programming related to the Strategy. The goal of the Committee would be to provide a co-ordinated network of comprehensive services which would effectively utilize community and government (including federal) resources in dealing with Aboriginal Family Healing. This model would allow for a more wholistic and flexible approach to programming and would be an interim step before complete divestment of services to Aboriginal control.

#### **Example of Existing Initiative:**

Violence Against Women Initiative

#### **Committee Mandate:**

- 1) Criteria and priority setting as well as funding recommendations for ongoing ministry's programming and for special projects.

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<sup>8</sup>De-centralized program planning and/or implementation can occur under this framework if the necessary protocols are negotiated.

- 2) All provincial government Aboriginal specific programming relevant to Aboriginal Family Healing would be included under centralized criteria/priority setting and funding recommendations. A percentage of universal-access programming would also be included. Determination of this percentage will be part of the implementation planning that would occur during Phase I.

#### **Committee Structure:**

The Committee structure would be two-tiered. The total committee would deal with funding recommendations and proposal selection. The smaller, executive body would set the overall priorities and criteria for the Strategy. The Coordinated Programming Committee would include representation from the eight Aboriginal Organizations and each of the ministries involved in the Aboriginal Family Healing Strategy. The executive body would include representation from each of the eight Aboriginal Organizations and co-lead ministries. The designation of co-lead ministries would be established by protocol prior to moving to the Coordinated Programming Committee stage.

#### **Funding of Programs/Services:**

- o Special project funding to be allocated to individual ministries by the Aboriginal Family Healing Coordinated Programming Committee (e.g., research projects)
- o Other programming would be funded through ministries' base allocations.

#### **Responsibility Centres for Funds:**

- o Special project funding would be administered by a lead Ministry for the Coordinated Programming Committee.
- o Ongoing programming would be administered by individual ministries.

#### **Method of Distribution of Funding:**

Both on-going programming and special project funding criteria and priorities would be determined by the Aboriginal Family Healing Coordinated Programming Committee. A consensual decision-making model would be used.

#### **Criteria for Funding:**

- o Determined by Aboriginal Family Healing Coordinated Programming Committee.

- o Decentralized program planning and/or implementation, such as the Area Management Boards used by Pathways to Success or the Ministry of Community and Social Services (MCSS) Area Offices, could be included in the administration of this Framework.

#### **Accountability/Evaluation Mechanisms:**

These would be established through a series of protocols among the decision makers prior to the start-up of the Committee.

#### **Federal Implications/Roles:**

- o Any changes in programming covered by the 1965 Indian Welfare Agreement would need Federal consent.
- o Coordination with Federal programming should also be pursued.

#### **Dispute Resolution / Appeals Mechanism:**

A protocol to establish a Dispute Resolution/Appeals Mechanism among the Aboriginal leadership and between the Aboriginal leadership and the government of Ontario, would need to be negotiated prior to implementation of the Coordinated Programming Framework.

### **4. DIVESTMENT TO ABORIGINAL COMMUNITIES**

This framework would be a longer-term approach to management of the Aboriginal Family Healing Strategy. It is, however, the only Management Model that has the potential for meeting all of the Management Framework "Desirables" identified by the Joint Steering Committee. It is consistent with the implementation principle endorsed by Cabinet that services be directed, designed, implemented, and controlled, by Aboriginal communities. It is also consistent with the Statement of Political Relationship. This divestment would be negotiated under current provincial and federal legislation.

Decentralized program planning and/or implementation could occur following negotiation of the necessary protocols.

#### **Examples of Existing Initiatives:**

Area Management Boards of Pathways to Success (Employment and Immigration Canada)

**Access to Fund:**

- o Would be determined by decision - makers (non-political) appointed by the Aboriginal Leadership. However, a formula for equitable distribution to all the Aboriginal constituencies would be negotiated prior to divestment.

**Source of Funding:**

- o Relevant Aboriginal Family Healing funding including a percentage of generic access programming would be transferred to the control of the Aboriginal Leadership.
- o Negotiations should also be entered into with the Federal government for transfer of relevant Federal programming dollars.

**Responsibility Centre for Fund:**

- o Aboriginal Leadership

**Decision - Makers:**

- o Appointed by Aboriginal Leadership
- o Representative of all the Aboriginal constituencies

**Method of Distribution of Fund:**

- o To be determined by the Aboriginal Decision-makers recognizing equitable distribution for all the whole constituencies.

**Criteria for Funding:**

- o Consistency with the Aboriginal Family Healing policy.
- o Decentralized program planning and/or implementation could be included as a criterion.

**Accountability Arrangements/Evaluation Mechanism:**

- o To be jointly negotiated prior to divestment.



**Federal Implication/Role:**

- o Will involve negotiated agreement with Federal government

**Dispute Resolution/Appeals Process:**

- o To be negotiated prior to divestment.

## **SECTION B ABORIGINAL COMMUNITY PROCESSES**

### **INTRODUCTION**

This section outlines the overall mechanisms and protocols that are required at the community level for Aboriginal communities within their existing infrastructures to achieve implementation of the Aboriginal Family Healing Strategy.

The focus on community structures and processes allows for the flexibility of each Aboriginal community to design their own approach to implementing the Aboriginal Family Healing Strategy. The following variables will influence the approaches and processes communities adopt: existing leadership mandates and processes, community readiness, and the number and availability of community resources and infrastructures in on and off-reserve communities.

Therefore, this section identifies a framework or guideline and makes no attempt to provide a community model for implementation as individual community readiness and infrastructure will determine the implementation approach.

### **PURPOSE:**

To determine the new and continuing roles and responsibilities of the Aboriginal communities and their existing infrastructures and its direct relationship with the overall management structure of the Aboriginal Family Healing Strategy.

### **GOALS:**

To develop a culturally appropriate manner of implementing the Aboriginal Family Healing Strategy at the community level.

To identify processes and a community framework to facilitate the implementation of the Aboriginal Family Healing Strategy at the community level within the existing infrastructures.

### **TIMEFRAME:**

A community based strategy requires immediate, medium and long-term implementation processes. It is imperative that the following objectives are understood as not constitute exact timeframes and processes as to how individual communities will implement the Strategy. This will depend entirely on community readiness and is not intended to deny any community access to particular programs and services to deal with family healing if they are ready to adopt a particular process within the first year that others may be adopting in the medium or long-term.

## **IMMEDIATE OBJECTIVES:**

Broadly defined, the first two years of implementation of the Aboriginal Family Healing Strategy will be directed at meeting the following objectives:

### **1. COMMUNITY AWARENESS AND EDUCATION ON ABORIGINAL FAMILY HEALING STRATEGY:**

- A) All Aboriginal service providers need cross-cultural education and vice versa; includes translation. Non-Aboriginal service providers' recognition that Aboriginal needs are distinct.
- B) Community training/trained personnel which are culturally appropriate, including translation.
- C) Training and community awareness for the First Nation' leadership of a community driven process to address healing needs.
- D) Community members' education of the Aboriginal Family Healing Strategy.

### **2. NETWORKING WITH COMMUNITY AND SERVICE PROVIDERS:**

- A) The use of existing resources (crisis teams, PTO'S) to network with/between communities which includes individuals, formal and informal support groups and leadership.
- B) All Aboriginal service providers need to network within the communities.
- C) Aboriginal service providers need to work together with communities to determine their own accountability to address the limitations of criteria and funding for existing programs and services.
- D) Linkages need to be established with generic service providers that provide programs and services to Aboriginal people to determine if they are meeting the needs of the Aboriginal people in a culturally appropriate manner. This could be made a condition for agencies receiving government funding.
- E) Recruitment of Aboriginal people to non-Aboriginal agencies that have Aboriginal clientele.
- F) Program and service deliverers need to establish linkages in order to be accountable to funders.

### **3. ESTABLISH LEADERSHIP LINKS WITHIN EXISTING COMMUNITY INFRASTRUCTURE:**

- A) Leadership networking closely with community members i.e. monthly meetings, community forums that allow members to speak out.
- B) Informal and formal support groups to establish protocols with Aboriginal leadership.
- C) Agreements between on and off reserve to establish cooperation/linkage protocols.
- D) Establish accountability agreements between community/leadership.
- E) Communities to identify needs and priorities and establish protocols/agreements of how this will be undertaken. Leadership to support community initiatives.

### **MEDIUM TERM OBJECTIVES:**

The major objective in the medium term is to work towards Aboriginal governance and maintenance at the community level of the Aboriginal Family Healing Strategy. This will be reflected in the development of management structures and policies which enable the development of leadership among community members committed to Aboriginal Family Healing.

#### **1. EXPANSION OF COMMUNITY-BASED TRAINING PROGRAMS:**

- A) On-going training for service providers and leadership as to the evolution and flexibility of the Strategy.
- B) On-going training, community awareness, and networking with non-Aboriginal service providers.
- C) On-going youth leadership training to promote their role as leaders in implementing the Strategy.

#### **2. ESTABLISHMENT OF LOCAL AGREEMENTS:**

- A) Agreement for local decision making between Aboriginal and non-Aboriginal service providers as to the divestment of capital.
- B) Agreement to the use of Aboriginal and non-Aboriginal facilities and capital for use in wholistic programming to meet the overall community needs.



- C) Agreement at local levels to establish Advisory committees, composed of Aboriginal representatives (including Aboriginal workers and clientele), to Boards of Directors of agencies providing any services to Aboriginal people at the local level.
- D) Establishment of mechanisms for community member involvement to develop, design, and deliver the programs and services, including community-delivered programs and services for healing.
- E) On-going establishment of agreements between all service providers that address the need to provide Aboriginal services that are flexible enough to meet changing needs in the long-term.

### **LONG-TERM OBJECTIVES:**

The major long-term objective includes the Aboriginal majority and is as follows:

- 1. COMMUNITY MEMBER INVOLVEMENT IN EXISTING LEADERSHIP/COMMUNITY INFRASTRUCTURE:**
  - A) Aboriginal community involvement in the design, development and delivery, administration and evaluation of community programs and services.
- 2. FULL DEVELOPMENT OF COMMUNITIES INCLUDING SUPPORTS SYSTEMS, PROGRAMS AND SERVICES, FACILITIES, AND INFRASTRUCTURE:**
  - A) Transfer of funding from non-Aboriginal services, programs and infrastructure to Aboriginal agencies to meet the changing healing needs of Aboriginal people.
  - B) Criteria for funding must remain flexible so that other programs and service needs for Aboriginal people are met.

### **JUSTICE RELATED COMMUNITY INFRASTRUCTURE DEVELOPMENT**

#### **1. COMMUNITY ACCOUNTABILITY AND EVALUATION:**

Arrangements for community accountability may be developed through the establishment of local protocol agreements.

Two major accountability issues are:

- A) Basic fiscal management and accountability issues;
- B) Accountability regarding criminal offenses, child abuse and mandatory child protection issues.

The overall issue of accountability for program management has not been fully addressed at this stage.

## **2. COMMUNITY MOBILIZATION:**

A need for the creation of community awareness and mechanisms to facilitate community mobilization was identified. Areas for work in communities include:

- A) Creating awareness among band leadership on how they may be helpful or how they may be barriers to healing processes.
- B) Better integration of the role of community workers in prevention and promotion
- C) Community development
- D) Developing means to deal with issues where abusers are in a position of authority; supporting the community in these situations
- E) Developing employee assistance programs to deal with issues of substance abuse and abusive behaviour; extending such programs to leadership and boards of directors.
- F) Developing appropriate professional standards and ethical codes/expectations for workers, organizations, communities, including review of possible use of membership codes, election rules.
- G) Programs to enhance community awareness of family violence issues, promotion and prevention

## **3. PROGRAMMING OPTIONS:**

- A) Crisis intervention programs: design and funding:
  - include a community coordinator/curative team coordinator
  - funds for: coordinator, transportation and expenses, possibly per diem for some people
- B) Community Justice Councils

C) Prevention and Promotion programming

D) Peacekeeping (non OPP)

#### **4. MECHANISMS FOR LOCAL DECISION MAKING FOR JUSTICE RELATED PROGRAMS AND SERVICES:**

##### **A) Existing community resources**

Some justice related community resources already exist in a limited number of communities. These existing programs can be built on and expanded. They include:

- Native criminal courtworker
- Native family courtworker
- Child care prevention workers
- Family services workers
- Shelters, safe houses
- Medical/social services volunteers
- Traditional people
- Crisis team
- Native community corrections worker
- Aboriginal children's services workers
- Educational staff
- Leadership, Chief and Council; Elders; community committees
- Community mental health workers
- Street patrols
- Crisis intervention teams
- Clan system
- Peace keepers
- Crime watch
- Healing circles
- Community mobilization teams
- First Nations police officers
- Guardian/foster parents
- Aboriginal shelters/safe homes
- Aboriginal crisis teams/treatment outside community
- Aboriginal justices of the peace
- Alternative community based justice arrangements, including sentencing panels, diversion panels, police committees, more or less formal arrangements between individual communities and courts, particularly in the remote north (this includes initiatives funded by government and local initiatives without direct funding).

## B) Coordination with Existing System/Alternative Arrangements

### Criminal Justice System:

The discussion under programming has outlined a number of options within the existing system for coordination between Aboriginal communities and the existing system, and the development of alternatives relative to the Aboriginal Family Healing Strategy in the area of sentencing, diversion and alternative measures. Appendix IV outlines relevant sections of the Criminal Code and Young Offenders Act. Regional Courts' management committees provide another mechanism for coordination.

### Child Welfare:

Possible mechanisms are:

- increased community involvement in hearings (explore privacy and other issues)
- Role of Band representatives under Child and Family Services Act
- review possibility of appointment of Aboriginal children's guardian to coordinate role of band representatives, on and off reserve agencies, facilitate coordination when a child is in the court system
- use of native family courtworkers
- working with serious abusers through the healing continuum leading to groups
- use of Criminal Injuries Compensation Board by children's agencies on behalf of victims of abuse.

## 5. LOCAL PROTOCOLS REQUIRED:

Local protocols to facilitate implementation of the Aboriginal Family Healing Strategy will need to be developed by individual communities and negotiated with appropriate agencies and Ministries. Policies regarding negotiation of protocols will need to be developed by institutions to require them to negotiate appropriate protocols. The determination of who will take the lead role on behalf of communities will be determined by the local communities themselves.

These institutions relevant to justice may include:

- Ministry of Attorney General, regarding courts and prosecutions
- Ministry of Solicitor General and Correctional Services
- Ministry of Community and Social Services
- local lawyers
- Ontario legal Aid Plan
- legal services agencies
- correctional institutions
- facilities for young offenders
- non Aboriginal children's services
- Ontario Provincial Police



- municipal police
- Aboriginal children's services in other jurisdictions
- defense counsel
- legal services agencies
- correctional institutions
- facilities for young offenders
- non Aboriginal children's aid societies
- Aboriginal children's services agencies in other areas of the province.

In the case of urban communities, protocols may be negotiated with First Nations communities and agencies, such as:

- Aboriginal children's services agencies in other areas of the province
- non Aboriginal children's services agencies
- existing Aboriginal services such as band representatives, criminal and family courtworkers, family service workers

## **6. STRATEGIES FOR INCREASING ACCESS AND AVAILABILITY:**

Strategies to increase access to non-Aboriginal institutions include the following:

1. Enhancing Aboriginal staffing and board representation where Aboriginal client numbers warrant; ensuring that local Aboriginal communities have significant input into appointments.
2. Establishing links between Ministry Aboriginal programs and staff and Aboriginal community programs.
3. Sensitizing government to the limitations of relying on formal credentials as opposed to cultural/language/Aboriginal community experience.
4. Identifying training provided for Aboriginal justice staff and delivered by Aboriginal trainers.
5. Ensuring that transition begins with the development of new programs to build on existing ones, not simply repackaging existing programs.









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## COSTING AND PHASING IMPLICATIONS

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### COSTING

The Aboriginal community was clearly able to identify needs with respect to initiating the Aboriginal Family Healing Strategy. The Aboriginal Family Healing Joint Steering Committee recognizes that Aboriginal communities are the best vehicle to identify not only their needs but the financial resources required to address these needs. While initial financial forecasts have been received, the Aboriginal Family Healing Joint Steering Committee has not had an opportunity to fully analyze the budget. Further discussion with respect to the resources available to implement the Strategy and the allocations to be approved by Cabinet will be discussed in the following phases. The Aboriginal Family Healing Joint Steering Committee also recognizes that there is a need to promote coordination of Aboriginal community approaches to ensure that communities are able to coordinate their efforts with respect to the provisions of family healing around initial priorities. Thus, further articulation, development, and analysis will be required in order to implement the Aboriginal Family Healing Strategy.

The information received from Aboriginal communities clearly indicated a dilemma on the part of the Aboriginal organizations. They are faced with having to address and to balance issues with respect to promotion, prevention, training and the creation of supportive resources, on the one hand, with the large demand for crisis intervention, curative rehabilitative care and emotional stability, on the other.

The initial priorities the Aboriginal community identified do address the Life Cycle and promote a wholistic approach. The Aboriginal organizations involved in the development of the Strategy returned to the community needs identified in the earlier consultation phase and from those needs identified and undertook to establish some initial priority areas. It should be noted that all of the areas requested are important and strategic priorities. However, it is understood that the Strategy will be evolutionary. The Strategy should not be static and therefore, development of others areas will occur over a period of time.

There have been numerous issues raised with regards to capital, housing and justice needs. These are large cost areas. While Aboriginal participants view these as fundamental to the success of the Strategy, full costing of these areas cannot be undertaken in the context of this report. Aboriginal participants believe it is imperative that the Strategy be implemented and that these areas not hold up the process.

A budget summary and the initial priorities identified by the Aboriginal community are outlined in subsequent pages. The proposals presented by each of the Aboriginal participants are contained in Appendix IX. It is important to note that since the Strategy is evolving there will be additional needs identified as these first priorities are implemented in the community. There will also be costs associated with the reorganization required by government. These span the spectrum of the human resources required; to Aboriginal sensitivity and awareness training; to restructuring; to devolution of responsibilities; to the transfer of resources. These have not been factored into this costing exercise.

## **PHASING**

The three primary areas identified in terms of costing and phasing are capital, human resources, and resources for education and training processes. Resources must be made available in all three areas. Such resources are targeted in all stages of the life cycle and are essential to meeting the multi-generational requirements of the life cycle as a whole. In terms of phasing, it is important not to tie resources to cyclical planning or programs with specific mandates or indeed, to government mandates. It is important that resources be made available in all three areas.

As indicated earlier, a full analysis of the costing information presented here has not yet occurred. Nonetheless, from concerns expressed by the Joint Steering Committee, a number of principles have been articulated with respect to phasing. It is important that the supportive resources required be structured so as to facilitate the implementation of the Aboriginal Family Healing Strategy. Significant change will be required in terms of existing services and programs, particularly those which may not meet community needs as defined by communities. This change will be able to occur only as communities review and determine which existing programs are able to meet their needs and those changing needs as the Strategy evolves.

Aboriginal communities in identifying principles for phasing feel that it is important to note that success of the journey is what is important to measure and not necessarily a destination. Aboriginal organizations and communities are committed to ensuring that they are not duplicating services. Shelters and other initiatives being proposed are expected to be phased. Aboriginal participants must make a commitment to work together so that services can be coordinated and that a spectrum of priorities can be met by all communities.

Aboriginal organizations understand that the governments will require a fiscally responsible process and therefore, understand the need to articulate some initial priorities and to structure the phasing of the Strategy. Phasing, however, also requires that the government identify what funding is available so that an integrated approach can be created. Phasing must respect the wholistic approach that Aboriginal

people have articulated. It must also respect the authority and autonomy of Aboriginal communities to decide and articulate what their priorities are so that Aboriginal Family Healing Strategy is not driven by a non-Aboriginal bureaucracy.

It is important that with respect to phasing the strategy, the government make a commitment to ensure that the bureaucracy is prepared to facilitate the transfer of resources and authorities which are necessary to ensure that a successful Aboriginal Family Healing Strategy is created.

# PHASING





COSTING  
ABORIGINAL FAMILY HEALING STRATEGY  
BUDGET SUMMARY

<b>Ontario Native Women's Association</b>			
Regional Healing Lodges (4)	Startup Capital	2,000,000	
	Operating	3,200,000	
Regional Family Resource/healing Centres	Startup Capital	2,000,000	
	Operating	3,200,000	
Provincial Clearing House	Startup Capital	150,000	
	Operating	425,000	
Organizational Support	Operating	700,000	
		<u>11,675,000</u>	11,675,000
<b>Chiefs of Ontario</b>			
Independent First Nations		7,048,882	
Association of Indian Child & Family Services		379,500	
Family Violence Coordinator		55,775	
Independent Committees		30,000	
Training		740,845	
		<u>8,255,202</u>	8,225,202
<b>Association of Iroquois &amp; Allied Indians</b>			
Family Healing Resource Centres		4,800,000	
Capital		800,000	
Cultural/Teachings/Resource People		160,000	
Community Based Workers		1,440,000	
Coordinator, Training, Support		200,000	
		<u>7,400,000</u>	7,400,000
<b>Ontario Metis Aboriginal Association</b>			
Headquarters		196,305	
5 Zones		1,078,140	
30 communities		3,071,520	
		<u>4,345,965</u>	4,345,965
<b>Nishnawbe-Aski Nation</b>			
Nishnawbe-Aski Nation Wide		16,300,000	
Tribal Council & First Nation Services		27,000,000	
First Nation Requests		6,950,000	
		<u>50,250,000</u>	50,250,000
<b>Union of Ontario Indians</b>			
Counsellors	Ongoing	1,374,625	
	Startup Capital	100,000	
Community Workers		3,180,110	
Training		900,000	
Healing Lodges	Ongoing	1,050,000	
	Startup Capital	1,000,000	
Shelters	Ongoing	1,000,000	
	Startup Capital	1,000,000	
Youth/Family Treatment	Ongoing	1,200,000	
	Startup Capital	1,500,000	
		<u>12,314,735</u>	12,314,735
<b>Grand Council Treaty #3</b>			
Community Based Initiatives		4,000,000	
Weechi-it-te-win Family Services		4,500,000	
Ojibway Tribal Family Services (Kenora Tribal Area)		4,500,000	
		<u>13,000,000</u>	13,000,000
<b>Ontario Federation of Indian Friendship Centres</b>			
Crisis Intervention & Outreach		2,083,708	
Additional Workers		431,112	
Family Healing Support		2,333,833	
Justice Coordinators		1,474,438	
Correctional Programming		724,244	
Training		607,700	
Capital		10,000,000	
Individual Requirements		12,035,000	
		<u>29,690,035</u>	29,690,035
			<u>136,900,937</u>

COSTING  
ABORIGINAL FAMILY HEALING STRATEGY  
INITIAL PRIORITY - SUMMARY SHEET\*

Ontario Native Women's Association

4 Regional Healing Lodges	\$2,000,000	
Start Up Capital	\$3,200,000	
	<u>\$5,200,000</u>	\$5,200,000

Chiefs of Ontario

Family Violence Coordinator	\$55,775	
Independent First Nations	\$7,048,982	
Independent Committees	\$30,000	
Association of Indian Child & Family Services	\$379,500	
Training	\$740,945	
	<u>\$8,255,202</u>	\$8,255,202

Association of Iroquois & Allied Indians

Community Based Workers	\$1,440,000	
Coordinator, Training, Support	\$200,000	
	<u>\$1,640,000</u>	\$1,640,000

Ontario Metis Aboriginal Association

5 Zones	\$1,078,140	
Headquarters	\$196,305	
	<u>\$1,274,445</u>	\$1,274,445

Nishnawbe-Aski Nation

Training	\$900,000	
Adolescent Healing Centres	\$5,000,000	
Crisis Intervention Teams	\$1,200,000	
Suicide Prevention Workshops	\$750,000	
	<u>\$7,850,000</u>	\$7,850,000

Union of Ontario Indians

\*Priorities to be determined

Grand Council Treaty #3

Community Based Initiatives		
-First Nations	\$2,500,000	
-Urban	\$1,000,000	
Leadership Training	\$500,000	
Weechi-it-tewin	\$2,250,000	
Ojibway Tribal Family Services	\$2,250,000	
	<u>\$8,500,000</u>	\$8,500,000

Ontario Federation of Indian Friendship Centres

Crisis Intervention & Outreach	\$2,083,708	
Training and Programme Support	\$607,700	
	<u>\$2,691,408</u>	\$2,691,408

TOTAL

NOTE: \* As initially identified organizations

\*\*Subject to Union priorities

\$35,411,055 \*\*

COSTING  
ABORIGINAL FAMILY HEALING STRATEGY  
Human Resources Summary Sheet

<b>Ontario Native Women's Association</b>		
4 Regional Healing Lodges		\$2,000,000
<b>Chiefs of Ontario</b>		
Family Violence Coordinator		\$55,775
Independent First Nations		\$5,984,622
Independent Committee		\$30,000
<b>Association of Iroquois &amp; Allied Indians</b>		
Community Based Workers		\$1,440,000
Coordinator, Training, Support		\$200,000
<b>Ontario Metis Aboriginal Association</b>		
5 Zones		\$1,058,140
Headquarters		\$146,305
<b>Nishnawbe-Aski Nation</b>		
Adolescent Healing Centres		\$1,000,000
Crisis Intervention Teams		\$1,200,000
Suicide Prevention Workshops		\$750,000
<b>Grand Council Treaty #3</b>		
Community Based Initiatives		
First Nations		\$2,500,000
Urban		\$1,000,000
Weechi-it-tewin		\$1,125,000
Ojibway Tribal Family Services		\$1,125,000
<b>Ontario Federation of Indian Friendship Centres</b>		
Crisis Intervention & Outreach		\$2,083,708
<b>Union of Ontario Indians</b>		
Counsellors		\$1,374,625
Community Workers		\$3,190,110
Healing Lodges		\$1,050,000
Shelters		\$1,000,000
Youth/Family Treatment		\$1,200,000
TOTAL		<u>\$29,513,285</u>

COSTING  
ABORIGINAL FAMILY HEALING STRATEGY  
Capital Summary Sheet

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Ontario Native Women's Association

4 Regional Healing Lodges	\$3,200,000
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Chiefs of Ontario

Independent First Nations	\$1,064,360
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Nishnawbe-Aski Nation

Adolescent Healing Centres	\$4,000,000
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Grand Council Treaty #3

Weechi-it-tewin	\$1,125,000
Ojibway Tribal Family Services	\$1,125,000

Union of Ontario Indians

Counsellor Startup Capital (One Time)	\$100,000
Healing Lodges	\$1,000,000
Shelters	\$1,000,000
Youth/Family Treatment	\$1,500,000

TOTAL CAPITAL	<u>\$14,114,360</u>
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COSTING  
ABORIGINAL FAMILY HEALING STRATEGY  
Education and Training

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Chiefs of Ontario

Association of Indian Child & Family Services	\$379,500
Training	\$740,945

Ontario Metis Aboriginal Association

5 Zones	\$20,000
Headquarters	\$50,000

Nishnawbe-Aski Nation

Training	\$900,000
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Grand Council Treaty #3

Leadership Training	\$500,000
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Ontario Federation of Indian Friendship Centres

Training & Programme Support	\$607,700
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Union of Ontario Indians

Training	\$900,000
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TOTAL	<u>\$4,098,145</u>
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## TRANSITION THROUGH PHASING

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### INTRODUCTION

In order to effectively address Aboriginal family violence through the Aboriginal Family Healing Strategy, a transitional process is required. It is recommended that this process be effected through a phased approach. The rationale for developing a phased approach is in response to the adopted principle: That the Strategy be flexible, evolving, ongoing, and support the development of alternative and culturally appropriate services and programs. This will allow a response to the varying states of community readiness and government preparedness to respond to the transition.

Community readiness implies that there is a human resource capacity to respond to new and evolving roles and community infrastructures are developed to support the Aboriginal Family Healing Strategy. Community readiness is evolving.

Government preparedness is a process of implementation which considers the needs of the Aboriginal communities, the availability of resources, ordering the tasks, and providing the environment for organizational change.

The various recommendations have been reviewed against the following weighting factors that are important for determining transition through phasing:

1. Consistency with principles resulting from consultations.
2. The availability of financial resources.
3. The availability of human resources.
4. The need for legislative change.
5. The availability of trained personnel.
6. The development of protocols: provincial, community, across organizations
7. Infrastructure development re: Capital, organizational, institutional structures.
8. The political implications.

9. Federal involvement and jurisdictional clarity.
10. The flexibility of funding policies
11. The significance of impact on community and visibility of change.
12. Availability and adequacy of resources to respond effectively and wholistically to community needs.
13. The province wide initiatives versus flexibility to fund individually and discretely.
14. The community readiness and government preparedness.
15. The fiscal off sets and time frame involved in the off sets.
16. Existing processes and agreements that are consistent with the Aboriginal Family Healing Strategy

## **TRANSITIONAL PROCESS**

The transition through phasing necessary to implement this comprehensive Strategy outlines the tasks that need to be done within current government service delivery infrastructures and funding arrangements. The immediate and long-term implications have been identified for this process.

## **IMMEDIATE IMPLICATIONS:**

The immediate in Transition through Phasing represents short term activities that can be initiated in 0 to 2 years.

## **PROMOTION AND PREVENTION**

- 1) Promotion and prevention initiatives across ministries participating in the Aboriginal Family Healing Strategy should be coordinated immediately. This funding will be on-going base funding not short-term grant funding. Also part of this funding will be allocated to the funding of the Resource Centre.
- 2) A coordinating fund for promotion/prevention should be established through the participation of the ministries participating in the Aboriginal Family Healing Strategy.
- 3) Since the focus is multipurpose, the participating ministries should fund the initiatives.

- 4) The Ministry of Housing should participate specifically in the prevention component of the Strategy, whereby attention is given to innovative uses of amenity space for new units. This could include initiative such as drop-in centres, child care and community based counselling services in new unit development.
- 5) This is the precursor for the Coordinated Programming Management Framework.
- 6) Flexibility is required in program design and implementation.

## **PROMOTION OF STABILITY**

- 1) Strategies for: networking of services, coordination of resources and accessibility to service can be targeted immediately for implementation.
- 2) Protocols should be developed between Aboriginal communities and Aboriginal agencies and the government and its agents and agencies. These protocols should be signed and dispute mechanisms for failure to adhere to the protocols should be in place.

## **TRAINING**

- 1) All human service capacities of the Strategy and infrastructure development should be a priority in the allocation of jobsOntario funding.

Since jobsOntario and its structure already exists, it would mean a guideline change.

- 2) A formal recognition of the role of Elder and other traditional people in all programming such as health, social services and education etc...as equivalent professions/experts should be done immediately.

## **CRISIS INTERVENTION**

- 1) Merging or integration of children's services (on - reserve), particularly, child welfare, children's mental health and Young offenders services. One stop access could also include adult mental health, women's outreach services (in the north) and any shelter services for women and their children.
- 2) Off-reserve, a series of formal protocols that begin to outline the strategy for a separate child care system (integrated child welfare, children's mental health and child care).
- 3) (Off reserve) Immediate equity targets established in organizations (much the same as French Language Services) for front line service delivery, to middle and senior management and the policy makers at the Board of Directors level. This could occur in most MCSS service providers, most long term care providers.

- 4) Crisis intervention programming should focus on the goal and the methods to achieve these goals should be flexible and on-going. e.g. MCSS and Health in cooperation with Aboriginal communities operationalize the concept of a multiservice centre.
- 5) The Ministry of Housing should immediately change their policies to reflect flexibility and incorporate transitional housing, safe homes, and second stage housing.
- 6) Immediate incentives be given to interns to establish practices in Aboriginal communities.

#### **LONG-TERM IMPLICATIONS:**

The co-management structure, as identified in the Coordinated Programming Management Framework, that sets priorities and criteria, would begin to guide the changes required in programs and service areas necessary to fully implement the Aboriginal Family Healing Strategy.

The components of the Healing Continuum that have not been identified for immediate implementation and resolution will be further identified through the joint recommendation process, between the government and Aboriginal representatives of the Coordinated Programming Framework.

















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## FEDERAL/PROVINCIAL/ABORIGINAL ISSUES

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### INTRODUCTION

It is the view of the Joint Steering Committee that the Aboriginal Family Healing Strategy must be wholistic. This broad approach means that there will be an impact on programs and services currently provided by both the provincial and federal governments, and on programs and services currently cost-shared by the two levels of government. This raises issues about the jurisdiction and responsibility that the provincial and federal governments have for the provision of family healing related programs and services to Aboriginal people in Ontario. The following is a general discussion of the legal issues involved and is not intended to be a definitive legal analysis.

As a preliminary matter, it is important to distinguish between jurisdiction and responsibility. In this report, "jurisdiction" is used in the legal sense and as distinct from "responsibility". Jurisdiction means: "The legal power or authority to act in a particular way (for example, courts or tribunals) or to legislate."<sup>9</sup> Webster's Ninth New Collegiate Dictionary defines "responsibility" as: "1: the quality or state of being responsible: as a: moral, legal or mental accountability... 2: something for which one is responsible: burden." Jurisdiction, then, is the legal **power** to act or to legislate, while responsibility is the legal or moral **obligation** to act, and accountability for not doing so.

Theoretically, then, a government can have jurisdiction without responsibility and responsibility without jurisdiction. In practice, however, jurisdiction frequently carries with it responsibility and fiscal implications. For example, the provinces have jurisdiction over health, and although they receive some funding assistance from the federal government, they bear the bulk of the financial burden for the provision of insured health services to their residents.

Another preliminary matter is to look at what groups make up the Aboriginal people of Ontario. Under the Constitution Act, 1982, "aboriginal people" include "the Indian, Inuit and Metis Peoples of Canada". Due to the Indian Act, there are status and non-status Indians in Canada. "Status Indian" people are those that are registered under the Indian Act. "Non-status Indian" refers to Aboriginal people of the same racial group and cultural affiliation as status Indians, but who, for one reason or another, are not registered under

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<sup>9</sup> Bradford Morse, "Government Obligations, Aboriginal Peoples and Section 91(24) of the Constitution Act, 1867", in David C. Hawkes, ed., Aboriginal Peoples and Government Responsibility, 1989, at 61.

the terms of the Indian Act. The Inuit are persons descended from the indigenous people who inhabited the northernmost portions of the Northwest Territories, Quebec, and Labrador.<sup>10</sup> Broadly stated, the Métis are persons of mixed Indian and European ancestry who distinguish themselves from Indians and Inuit.

## THE CONSTITUTION OF CANADA

By its own terms, the Constitution of Canada is the supreme law of the land, and any law that is inconsistent with its provisions is of no force and effect. One of the main purposes of the constitution is the distribution of legislative powers between the federal Parliament and the provincial Legislatures. It is binding on the federal and provincial governments and can only be amended through the procedures contained within its terms. The powers of the two levels of government are contained in the Constitution Acts, 1867 to 1982. The important distribution of powers for the purposes of this report is contained in the Constitution Act, 1867.

The Constitution Act, 1867, formerly the British North America Act, 1867 (BNA Act), purports to distribute exhaustively the exclusive authority to make laws over all "matters" between the federal Parliament and the provincial legislatures. Section 91 contains the federal powers and section 92, the provincial. Subsection 91(24) gives Parliament jurisdiction over "Indians, and Lands reserved for the Indians". Among other things, section 92 gives the Province jurisdiction over "The Establishment, Maintenance and Management of Hospitals, Asylums, Charities, and Eleemosynary Institutions in and for the Province, other than Marine Hospitals" (subs. 92(7)), "Property and Civil Rights in the Province" (subs. 92(13)), and "Generally all Matters of a merely local or private Nature in the Province" (subs. 92(16)). Although neither health nor social services are specifically mentioned, these subsections taken together form the basis of provincial jurisdiction over them.

The power of the federal Parliament to legislate for "Indians, and Lands reserved for the Indians" raises the question of which group(s) of Aboriginal people are included in the term as it is used in the Constitution Act, 1867. Aboriginal organizations have long argued that the Indian Act definition and the subsection 91(24) meaning of "Indian" are not congruent and, that the latter is much broader and encompasses all Aboriginal people, including the Métis and non-status Indians. This position has found support in the courts<sup>11</sup> and in legal literature.<sup>12</sup>

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<sup>10</sup> According to the 1986 census, there were 2,270 people of Inuit descent in Ontario.

<sup>11</sup> In 1939, the Supreme Court of Canada in Reference as to whether "Indian" in section 91(24) of the BNA Act, 1867 includes Eskimo Inhabitants of Quebec (Re Eskimo), [1939] S.C.R. 104, established that the Inuit are included in the term "Indian" as it is used in subsection 91(24).

<sup>12</sup> See, for example, Clem Chartier, "'Indian': An Analysis of the Term as Used In Section 91(24) of the British North America Act, 1867" (1978) 43 Sask. L.R. 37.



## FEDERAL JURISDICTION FOR ABORIGINAL PEOPLE

The power of the federal government to legislate for Indians is unique among the heads of power in section 91 of the Constitution Act, 1867. Subsection 91(24) is the only head of power that singles out a group of people using a racial distinction.

To date, the courts have not clearly defined the parameters of Parliament's legislative jurisdiction over "Indians". It appears that it extends into areas that would normally be within provincial jurisdiction, i.e. education, but does not totally wipe out provincial jurisdiction with respect to Indians.<sup>13</sup>

The major piece of legislation passed by Parliament under its subsection 91(24) power is the Indian Act.<sup>14</sup> The Act defines "Indian" as a person who is registered as an Indian, or entitled to be registered, under the provisions of the Act, and expressly exempts the Inuit from its operation.<sup>15</sup> Section 6 includes in the operation of the Act all persons who were "registered or entitled to be registered immediately prior to April 17, 1985", and provides for the registration of descendants of that group, and those eligible to be registered under the amendments to the Indian Act that were made by Bill C-31.<sup>16</sup>

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<sup>13</sup> See, for example, R. v. Hill (1907), 15 O.L.R. 406 (Ont. C.A.), and Four B. Manufacturing v. United Garment Workers' (1979), 102 D.L.R. (3d) 385.

<sup>14</sup> R.S.C. 1985, Chap. I-6. The Act was first passed in 1876, and was a compilation of existing legislation. It perpetuated the government policy that had been behind all of the legislation to that point in time - civilizing the Indian population and achieving assimilation and integration as soon as possible. It was not until the Indian Act was amended in 1985 by Bill C-31 that this changed significantly.

<sup>15</sup> Ibid., subs. 4(1).

<sup>16</sup> Prior to the Bill C-31 amendments, the Indian Act, R.S.C. 1970 c. I-6, created a charter group of people entitled to be registered under the Act. It was based on previous statutory provisions. Entitlement to be registered as an Indian was confined to members of the charter group, descendants in the male line, and wives or widows of these persons. Persons not entitled to be registered included persons who had received or had been allotted half-breed lands or money script, and their descendants. The latter refers to the grants that were made to the Métis in lieu of any right to live on reserves. Paragraph 12(1)(b) provided that a woman who married a person who was not an Indian was not entitled to be registered. If the addition of the name of the illegitimate child of an Indian woman to a Band List was protested within twelve months, and it was decided that the father of the child was not an Indian, the child was not entitled to be registered under the Act (subs. 12(2)). Also, upon attaining the age of 21 years, any one

Since the Indian Act does not apply to the Inuit, non-status Indians and the Métis and it is clear that at least one of these groups, the Inuit, are covered by subsection 91(24), it is evident that the federal government has chosen not to legislate to the full extent of its subsection 91(24) jurisdiction over "Indians". It is clear from the case law that nothing requires Parliament to legislate to the full extent of its jurisdiction over "Indians".<sup>17</sup>

## FEDERAL RESPONSIBILITY FOR ABORIGINAL PEOPLE

The federal government has taken the position that, for the most part, it is responsible for status Indians and that its obligation is generally limited to reserves, and that other Aboriginal people, including status Indians permanently living off-reserve, are the responsibility of the Province. Therefore, the federal government has taken responsibility for the provision of some services to status Indians, particularly those living on-reserve, that the provincial government provides to the rest of the population. For example, through the 1965 Welfare Agreement, the federal government shares the cost of the provision of some social services on-reserve with the Province. These include general welfare, child welfare, day care, and homemakers. The cost-share formula results in the federal government paying approximately 95% of the cost of social services on-reserve. Medical Services Branch of Health and Welfare provides some community health services to status Indians living on-reserve.

The acceptance of responsibility for the provision of services to status Indians flows from the special relationship of the Indian people to the federal government, constitutional and statutory provision, treaties, and customary practice. Another source might be the federal government's fiduciary obligation to Aboriginal people. In 1984, the Supreme Court of Canada recognized that a fiduciary relationship existed between the federal Crown and the Aboriginal people of Canada.<sup>18</sup> In Sparrow,<sup>19</sup> the Court found that the fiduciary relationship that exists between the Crown and Aboriginal people was incorporated into subsection 35(1) of the Constitution Act, 1982, which recognizes and affirms existing Aboriginal and treaty rights.

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born of a marriage entered into after September 4, 1951, whose mother and paternal grandmother became registered under the Act as the result of a marriage to a registered Indian man, was not entitled to be registered (clause 12(1)(a)(iv)). It was also possible to lose status through enfranchisement (ss. 109-113).

<sup>17</sup> In re Wilson (1954), 12 W.W.R. 676 (Alta. Dist. Ct.); Re the Indian Act, re the Samson Band (1957), 21 W.W.R. 455 (Alta. Dist. Ct.); and Re the Indian Act, re Joseph Poitras (1954), 20 W.W.R. 545 (Sask. Dist. Ct.). The situation is similar for all constitutional heads of power.

<sup>18</sup> Guerin v. The Queen, [1984] S.C.R. 335.

<sup>19</sup> Sparrow v. the Queen et al., [1990] 2 S.C.R. 1075.



It is now clear that the federal government is under a fiduciary duty when dealing with surrendered Indian land and existing Aboriginal and treaty rights. The federal government has taken the position that "Sparrow does not say that the Crown has fiduciary obligations in all of its dealings with Aboriginal people regardless of their nature".<sup>20</sup> However, it is possible that the historic bases of the trust relationship discussed above, particularly the special relationship<sup>21</sup> between the Crown and Aboriginal People, and Parliament's legislative interference in virtually every aspect of Indian life, could be sufficient to convince a court in some future case that there exists a general fiduciary duty, the scope of which encompasses all aspects of Crown-Aboriginal relations.

## PROVINCIAL JURISDICTION

Over the years, there has been considerable controversy concerning whether or not provincial laws applied to Indians and lands reserved for Indians, and if so, by what means. It appears now to be settled law that valid provincial laws apply to Indians. At the centre of the controversy over the application of provincial laws to status Indians is section 88 of the Indian Act. That section reads:

88. Subject to the terms of any treaty and any other Act of the Parliament of Canada, all laws of general application from time to time in force in any province are applicable to and in respect of Indians in the province, except to the extent that such laws are inconsistent with this Act or any order, rule, regulation or by-law made thereunder, and except to the extent that such laws make provision for any matter for which provision is made by or under the Act.<sup>22</sup>

The issue surrounding the section was whether it simply stated the existing state of the law, or whether it incorporated provincial laws by reference, thereby making them federal laws.

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<sup>20</sup> Department of Justice, The Fiduciary Relationship of the Crown Toward Aboriginal People, October 26, 1990, unpublished, at 1.

<sup>21</sup> Although the special relationship has been described as "elusive" with "an uncertain legal content" (Allan Pratt, "Federalism in an Era of Aboriginal Self-Government" in David Hawkes, ed., Aboriginal Peoples and Government Responsibility, 1989, at 24), its existence is beyond question and its importance to Aboriginal people cannot be overstated.

<sup>22</sup> It is important to note that the section does not refer to "Lands reserved for the Indians".

In 1985, the Supreme Court of Canada decided the Dick<sup>23</sup> case. In that case, the Court said that provincial laws that can be applied to Indians without touching their "Indianness",<sup>24</sup> like traffic legislation, apply to Indians of their own force and effect. Laws that impair "Indianness" apply to Indians as a result of section 88.

Therefore, where a province has jurisdiction to pass laws over a matter, for example health and social services, then they apply to Indians on and off reserve in the same way they apply to all other residents of the province unless they are inconsistent with valid federal legislation, in which case the federal legislation prevails.

## PROVINCIAL RESPONSIBILITY

Beginning in the 1950s, in the view of the federal government, the provinces had a large role to play with respect to Aboriginal people. Brad Morse writes:

Not only were they [the Provinces] to be the primary service delivery agent for reserve residents, but they were to be prodded to pay part of the costs. The Ontario and Quebec governments were the most willing to adopt an active role, including the absorption of a significant share of the total expenditures.... The federal government also believed that its obligations were generally limited to reserve borders. Any federal activities beyond these territorial limits were defined as ex gratia and restricted to band members still residing on reserve and those temporarily absent or in the process of changing their domicile. Thus, all expenditures and responsibilities for off-reserve residents (other than for specified time periods, or in the context of specific programs such as post-secondary education, or those with physical or mental handicaps requiring specialized assistance) were left to the provinces. Most provincial and territorial governments responded by treating off-reserve status Indians the same as all other provincial residents, supplemented by the occasional special program or small funding agency.<sup>25</sup>

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<sup>23</sup> R. v. Dick, 23 D.L.R. (4th) 33.

<sup>24</sup> Although "Indianness" has never been defined fully by the courts, it has been described as including "the incidence of status" - registration, right to live on a reserve, Band membership and so on, and hunting and fishing rights. Logically, it should also relate to Aboriginal and treaty rights, Aboriginal culture, Aboriginal heritage, language etcetera.

<sup>25</sup> Morse, supra, note 9, at 70



On-reserve, the Province has accepted responsibility for the provision of services that are cost-shared by the federal government. To a limited extent, the Province has provided services that are not cost-shared. These include probation services, vocational rehabilitation services, and transition houses.

A source of provincial responsibility may be the Charter of Rights and Freedoms. Section 15 of the Charter requires the Province to ensure that Aboriginal people, regardless of their place of residence, are not deprived of the equal benefit of provincial law.<sup>26</sup> "Thus, to the extent provincial laws apply of their own force to Aboriginal individuals and lands, there is no basis for denying equal access to provincial programs and services...."<sup>27</sup>

## ISSUES

The foregoing discussion raises several issues that need to be addressed in the context of the Aboriginal Family Healing Strategy. In this section of the report, these issues are identified and discussed.

### 1. Federal Government Off-Loading

#### A) Generally

Off-loading results from the federal government's efforts to limit the growth of expenditures related to existing programs by capping them, from cuts to program funding, and refusal to implement new programs to address emerging needs. These actions cause frustration within Aboriginal communities and increase their reliance on the provincial government as a source of financial support.

For example, in an effort to reduce expenditures, the federal government has capped transfer payment to the provinces, i.e. Established Programs Financing (EPF). As a result, the provincial government is forced to allocate more of its resources to offset the loss of revenue. Another example is Health and Welfare Canada's current efforts to control non-insured health benefits which was until now, demand driven and open ended. These changes could have an impact on access to health services and health supports thus requiring recipients to turn to similar Ontario programs for aid.

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<sup>26</sup>Section 1 of the Charter provides for reasonable limits on the rights and freedoms set out in the Charter which are determined on a case by case basis according to certain tests.

<sup>27</sup> Alan Pratt, "Federalism in the Era of Aboriginal Self-Government" in, David Hawkes, ed., Aboriginal Peoples and Government Responsibility, 1989, at 47.

## **B) Potential For Further Off-Loading**

Once the Aboriginal Family Healing Strategy is in place, and is implemented, there is concern that the federal government will use the existence of the provincial programs as an opportunity to withdraw dollars that are currently spent on related programs. This would be unacceptable both to Aboriginal Communities and Ontario.

### **2. Failure to Coordinate Programs**

To date, there has been little coordination of programs between the federal and provincial governments, even in cases where the process is trilateral, and/or the Province is involved in delivery of the program. As a result, integration, restructuring, coordination and complementary programming is required both on- an off-reserve.

An example of this issue is the current efforts of the government to review care of the elderly. Ontario has indicated its support for an Aboriginal-specific plan for long term care and has provided funding to support community consultation processes. In the meantime, Canada has undertaken a review of adult care among First Nations. To date, there has not been substantive discussion among the parties despite the common subject matter, nor has there been recognition by the federal government of the unique situation in Ontario with respect to the 1965 Welfare Agreement. Coordination of federal and provincial services for Aboriginal people is essential.

### **3. Federal Focus on Status Indians On-Reserve**

Historically, the federal government has refused to provide services, except a in limited way, to other than status Indians living on reserves. In the context of the Aboriginal Family Healing Strategy, this is problematic. For one thing, the Aboriginal Family Healing Strategy focuses on all Aboriginal people in Ontario regardless of status or place of residence. This may make it difficult to get the federal government to participate in the strategy or to do so in more than a limited way.

### **4. Protection of Federal Programming**

It is important that Ontario endeavour to ensure that the extension of services to status Indians on-reserve under the Aboriginal Family Healing Strategy does not jeopardize federal programming. This is of vital importance to First Nations, and will certainly require advocacy on the part of the provincial government.

### **5. Narrow Interpretations**

The federal government's interpretation of the 1965 Welfare Agreement has, to date, been very narrow. Although the principal objective of the Agreement is "to provide provincial welfare services and programs to Indians on the basis that needs in Indian communities should be met according to standards applicable in other communities", only a limited number of the programs available to Ontario residents are cost-shared under the

Agreement. These are: general welfare, child welfare, day care, and homemakers. As new programs and services are introduced by Ontario, the gap between the services generally available and those provided under the Agreement widens.

The Aboriginal Family Healing Strategy recommends new approaches to the use of existing program resources. Flexibility on the part of both governments will be required to respond to these proposals. For example, there are 11 Aboriginal treatment centres funded by Health and Welfare Canada, three of which receive additional provincial funding. If the Aboriginal Family Healing Strategy were to propose a shift in treatment requirements from individual to family, or to incorporate programming geared to address violence, funders would be required to consider the evolving needs of the Aboriginal communities. Control over program objectives, and contractual terms and conditions has been used by governments to limit support of Aboriginal initiatives.

## **6. Funding Inconsistencies Across Ministries**

There is inconsistency across provincial ministries with respect to the funding of programs and services on-reserve that are not cost-sharable with the federal government. Some ministries take the view that they cannot and/or will not, fund programs and services on-reserve that do not fall under one of the cost-sharing arrangements with the federal government while others will do so. From the work on jurisdictional issues done by the Joint Steering Committee, the Committee could not identify any jurisdictional barriers to the provision of services on-reserve by the Province of Ontario. The primary barriers lie in entrenched historical practice and policy and concerns regarding payment.

## **7. Lack of Mechanism For Dialogue**

There does not exist a mechanism for dialogue on funding issues between the federal and provincial governments related to programs and services integral to Aboriginal family healing. It is important that a process be established to provide an on-going forum for trilateral discussion on funding issues, and on the other issues that have been identified in this report.

The only formal tripartite mechanism in Ontario is the Indian Commission of Ontario (ICO). Although social services, as a sector, have been addressed under the auspices of this structure, family healing and violence have not been discussed. Also, there is a lack of involvement of off-reserve Aboriginal groups in the ICO and it takes considerable time to resolve issues through this process.

As indicated in this report, there are many issues related to Federal/Provincial/Aboriginal relations, including concerns regarding responsibility, funding, and program coordination and delivery. These issues can only be addressed through a forum that provides for the participation of all parties.



## **8. Issues Related to Inmates**

Aboriginal persons who have committed an act of violence may be sentenced to either a provincial or federal institution depending upon the sentence they receive. The federal government has taken the position that Aboriginal inmates in provincial facilities are the responsibility of the Province. Non-Insured Health Benefits (NIHB) are being refused to status Indian inmates by Health and Welfare Canada even though NIHB is one of the few federal Indian programs that is available to status Indians regardless of where they reside. There are no provincial programs to provide benefits to inmates similar to those provided by NIHB.

Another issue is that, as a result of the implementation of the Aboriginal Family Healing Strategy, some programs and supports may be extended to provincial inmates. Without access to federal institutions or a comparable federal initiative, Aboriginal inmates incarcerated in federal institutions could be released back into their communities without receiving healing, and may continue to perpetuate violence.

## **9. Family Law**

The courts have held that provincial family legislation respecting the division of property, and ownership, possession, and occupation of the matrimonial home, do not apply to real property on reserve. In some cases, child custody is also a problem. Among other things, this results in the dislocation of families, further victimization, and community conflict.

## **STRATEGIES**

Strategies to deal with the issues discussed above include the following:

1. A high level Aboriginal/Federal/Provincial meeting should take place to deal with the issues raised above, and to encourage the federal government to participate in the Aboriginal Family Healing Strategy generally.
2. In established forums (i.e. Federal/Provincial/Territorial meetings of Ministers and Deputy Ministers), the parties should seek the commitment of the federal government to continue to fund family violence programs at current levels.
3. A committee should be set up to coordinate the on-going participation of the federal government in the Strategy and to ensure that federal and provincial Aboriginal family healing programs compliment one another. The committee should have Aboriginal, federal and provincial representation.



4. Inconsistencies across provincial ministries with respect to funding programs and services on-reserve that are not cost-sharable with the federal government must be resolved.
5. Failure to act on these strategies should not jeopardize the Aboriginal Family Healing Strategy.









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## RECOMMENDATIONS

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The Aboriginal Family Healing Strategy reflects a unique process of joint partnership wherein both governments and Aboriginal people in Ontario share responsibility for successful development and implementation. In recognition of the spirit of this process the following recommendations refer to different levels of government or the Aboriginal leadership and organizations, or both. In addition to these global recommendations, the report contains a number of specific recommended directions and strategies which must be addressed if implementation of the Aboriginal Family Healing Strategy is to be realized.

### Fundamental Issues

#### It is recommended that:

1. The Government of Ontario and the Aboriginal leadership adopt the Aboriginal Family Healing Strategy as a priority;
2. The Government of Ontario and the Aboriginal leadership adopt the strategies outlined in the Strategy Framework as the strategy for Aboriginal family healing in Ontario;
3. The Government of Ontario make all necessary changes in Provincial legislation, policy and practice required to implement fully the Aboriginal Family Healing Strategy;
4. The Government of Ontario endorse, support, and participate in the joint development of protocols with Aboriginal communities or organizations where the participation of provincial government and government funded agencies and boards is required;
5. The Government of Ontario and the Aboriginal leadership adopt the proposed Management Structure as part of the transition process to full Aboriginal control;
6. The Government of Ontario and the Aboriginal leadership adopt the Transition Through Phasing framework identified in this report;
7. The Government of Ontario recognize that the redirection of funds from its existing Aboriginal specific programs related to Aboriginal Family Healing will be insufficient to adequately resource the Aboriginal Family Healing Strategy.

## **Strategy Framework**

### **It is recommended that:**

1. The Aboriginal communities and organizations use the range of strategies identified in the Strategy Framework as starting points or guides for the development of family healing;
2. The Government of Ontario enable Aboriginal communities to access the Strategy in ways that they determine as appropriate to meet their needs;
3. While the Strategy is being implemented, access to programs and services in all areas of the province be assured by the Government of Ontario;
4. The Government of Ontario recognize that the Aboriginal leadership and communities are responsible for the design, implementation, and control of programs and services required to implement the Strategy.

## **Management Structure**

### **It is recommended that:**

1. A high level, short term, joint Transition Committee composed of a maximum of twelve representatives in total, from lead ministries and Aboriginal Provincial Territorial Organizations be struck, resourced, and mandated, among other tasks, to do the following:
  - a) develop Terms of Reference for the management of the Strategy;
  - b) design interim funding processes;
  - c) develop and negotiate protocols regarding the deployment of human resources necessary to implement the Strategy;
  - d) integrate the results of the federal/provincial discussions;
  - e) negotiate a long-term Aboriginal Family Healing Strategy agreement between the Aboriginal leadership and the Government of Ontario;
  - f) secure the funding for the Management Committee;

- g) identify participants for the Management Committee;
  - h) initiate a process to establish an Aboriginal Housing policy which will include, but not be limited to, issues of access and overcrowding which contribute to family dysfunction and ill health;
2. The Government of Ontario and the Aboriginal leadership establish a Management Committee with representation from ministries and Aboriginal organizations mandated to coordinate priority setting and program/project implementation criteria and to manage the funds allocated to the Aboriginal Family Healing Strategy.

## **Funding**

### **It is recommended that:**

- 1. The Aboriginal Family Healing Strategy be funded on an ongoing, comprehensive basis through phasing and continued implementation;
- 2. The Government of Ontario, in a manner consistent with the Statement of Political Relationship, divest responsibility and resources allocated for Aboriginal Family Healing to Aboriginal control;
- 3. Before complete divestment of services to Aboriginal control, sufficient resources be allocated to finance the programming contained in the Strategy;
- 4. The Government of Ontario adopt a coordinated approach, as done with the wife assault and sexual assault prevention initiatives, to deliver programs and services that support the family healing strategies identified herein;
- 5. Housing funds be targeted to address the needs of Aboriginal people off-reserve and to supplement Federal funding for First Nations communities with significant waiting lists;
- 6. A percentage of the housing funds be used for First Nations housing initiatives which are not funded by the Federal government.

## **Transition Through Phasing**

### **It is recommended that:**

- 1. Implementation of the Strategy be phased according to the Phasing Plan set out in this report and with the necessary resources;

2. During the transition, programs and services not currently provided to the Aboriginal community be delivered in a culturally appropriate manner, and as set out in the Management Framework proposed in this report.
3. Negotiations on the issue of resources take into account the need to address capital, human resources, and training and education activities; and further, that the resources be phased to ensure that communities which are ready to proceed or have urgent needs can do so; and that those requiring more time and resources to develop are able to do so.

### **Federal/Provincial/Municipal Concerns**

It is recommended that:

1. The Government of Ontario organize a series of high level Aboriginal/Federal/Provincial meetings through existing or new forums to address:
  - a) Federal government responsibilities
  - b) Coordination of family healing initiatives
  - c) Limitations of Federal focus on status Indians on-reserve
  - d) Narrow interpretations of the 1965 Welfare Agreement
  - e) Protection of Federal programming
  - f) Issues related to inmates
  - g) Family law issues on-reserve;
2. The Government of Ontario and the Aboriginal leadership negotiate with Federal government regarding provincial services for Aboriginal peoples that are currently cost-shared under generic programs and services and that these negotiations secure Federal commitment to a continued or expanded Federal resourcing role;
3. The Ministry of Municipal Affairs convene a high level Aboriginal/municipal/provincial meeting(s) in order to assist the implementation of the Strategy at a municipal level;
4. The Government of Ontario resolve inconsistencies both within and across ministries with respect to the funding of all programs and services on-reserve;
5. Failure to secure Federal funding support on and off reserve for the Strategy must not jeopardize its implementation.







## APPENDIX I: CONSULTATION RESULTS BY SECTOR

As a beginning point to this analysis, the consultation results have been organized by general sector within the justice field. The material is drawn from the original summary of consultation results and the references following are to the organizations from whose report the results are drawn. Four major themes emerged from the consultations:

1. community programmes should be Aboriginal designed, developed and delivered
2. alternatives to incarceration need to be developed
3. there should be a focus on programmes in communities
4. there is a fundamental need for effective training in communities

### POLICING

- appropriate police response to family violence OFIFC
- address discrimination from police and agencies
- education and sensitization for OPP
- more Aboriginal police officers OFIFC
- First Nations policing (culturally appropriate) UOI
- support for networking between First Nations constables and the OPP and their newly developed focus as resource people and educators to First Nations communities UOI
- clarify jurisdictional responsibilities of police re: Police Act and Indian Act laws UOI
- First Nation control and administration of reserve based police AIAI
- on reserve policing GCT#3
- First Nations police requires healing and training resources re family violence GAN
- indigenous interventions more effective than formal criminal justice interventions GAN
- develop working relationship with police re: family violence WAL
- education, awareness and sensitivity of policing
- improved relationship, networking with existing justice and police forces
- First Nation control of policing
- development of First Nations policing
- First Nations police force awareness and training on family violence issues, including sexual assault GAN

- training police on domestic violence (UOI)
- First Nation police force require healing/training re family violence(GCT#3)
- training required for First Nations police re: family violence and available resources (GAN)
- police act changes must reflect the policing needs of individual First Nation communities
- existing laws are based on non-Aboriginal view points practised off-reserve and are regulated by the Police Act . Adequate services are not provided on-reserve because of different values and lifestyles resulting in Aboriginal needs not being met by existing policy UOI
- culturally appropriate peacekeepers including Elders and community leaders ONWA
- healing First Nations constables (and sensitivity and awareness) ONWA
- direct networking and working relationship between service agencies and the police available 24 hours ONWA
- training police on domestic violence UOI
- training First Nations constables on family dynamics UOI

### CORRECTIONS

- awareness and sensitivity training for corrections and jail personnel OFIFC
- community based courts and probation programs AIAI
- community driven and culturally appropriate alternatives to existing penal and corrections system GCT#3
- increase culturally appropriate treatment and healing services in correctional systems
- awareness and sensitivity for correctional/jail personnel OFIFC
- cultural training programs for perpetrators OFIFC
- rehabilitation and therapy for perpetrators/abuser instead of incarceration OFIFC
- treatment for batterers ONWA
- families included in treatment plans ie. marital/family counselling, spouse support programs, housing facilities for families in treatment NAN
- treatment for abusers, esp. anger GCT#3
- protocol developed to provide Aboriginal review of treatment of Aboriginal victims and perpetrators in existing justice system to effectively identify and address family violence within ministry of corrections OFIFC
- cultural training programmes for perpetrators OFIFC
- treatment for families, individual, victims, perpetrators AIAI



## COURTS

This section includes prosecutions (Ministry of Attorney General), role of defense counsel, legal aid, legal services, and programs such as native criminal courtworker and native family courtworker, and judiciary (including federal and provincial judiciary, justices of the peace), victims'services.

- community based courts and probation programmes AIAI
- continuation of native Justice of the Peace program (AIAI)-
- more community awareness of rights, witness/victims OFIFC
- more equality in treatment ie. batters and victims AIAI

## CHILDREN'S SERVICES/CHILD PROTECTION

This involves activity pursuant to the Child and Family Services Act, policies and programmes of the Ministry of Community and Social Services, and the role of policing, courts and treatment .

- Native child protection agencies AIAI
- Aboriginal child protection agencies/keeping families together
- community protection re: reporting mandates for family violence which do not result in child being removed from home OFIFC, UOI
- community protection re: reporting mandates for family violence GCT#3
- Aboriginal persons are hesitant about reporting incidence of abuse because of the fear of apprehensions by non-Aboriginal family and children's services UOI
- band representatives training in the child welfare system AIAI
- Non-Aboriginal program and service providers, policies and protocol to respond to Aboriginal family violence are not culturally appropriate, ie. CAS apprehensions and placements to non-Aboriginal foster homes OFIFC
- development of culturally appropriate policies and protocol to respond to Aboriginal family violence, ie. CAS utilize Aboriginal extended family homes s foster homes for apprehended children OFIFC
- CAS policy has resulted in grief and anger in First Nations communities because of child apprehensions, family separation and placements in non-Aboriginal foster homes GCT#3
- policy changes to CAS to reflect First Nations concerns and needs concerning child apprehensions, family separations and placements in Non-Aboriginal foster homes GCT#3

## HOUSING ISSUES

This includes policy on occupancy of subsidized and emergency housing and some legislation within responsibility of Ministry of Housing and Attorney General

- residency criteria that reflects a woman's right to remain in the home ONWA
- solve problems of Indian Act in which there is no provision for equal division of assets, ie. home UOI
- off reserve women's right to matrimonial property is not reflected in Ontario family Law Act [note: from discussions at the Joint Steering Committee it would appear that the reference is to accessing available remedies for women off reserve, and the limitations of the existing justice system to meet the needs of Aboriginal women living off reserve, rather than a change to the Act itself]

## CRISIS INTERVENTION

This is dealt with separately as one of the major issues which does not currently have an identified place in the justice sector; it may combine elements of policing, court related services and correctional services. It can also include a number of aspects not directly related to the justice system, including health and social services.

- provision of adequate services in remote areas ie. intervention nan
- development of community response teams ONWA
- community response teams/emergency response teams developed UOI
- development of community crisis intervention teams nan
- establish a community crisis team GCT#3
- provide crisis intervention WAL
- increased short term treatment service ie. crisis intervention/community emergency response teams/counselling
- development of community crisis intervention teams nan
- establish volunteer crisis teams nan

## GENERAL JUSTICE SYSTEM ISSUES

This section lists consultation results recommending general justice system changes, which may affect all sectors.

- Native legal system OFIFC
- community based courts and probation programs AIAI
- First Nations justice system NAN
- community driven and culturally appropriate alternatives to existing penal and corrections system GCT#3

- work with present justice system for treatment programs WAL
- wholistic, re-integrative, healing, community-based informal, GAN
- indigenous interventions are more effective than formal criminal justice interventions GAN
- restore clan system of kinship, governance, and responsibilities which includes police and justice ONWA
- if Canadian law must be involved then more counselling and treatment must be mandatory (available) ONWA

### GENERAL PROGRAM ISSUES

This section lists consultation results recommending general changes to program and service delivery, which may affect all sectors

- programs and services have to be more accessible ONWA
- programs and services have to have more Aboriginal administration ONWA
- more involvement of Elders in planning, implementation, design of programs and services ONWA
- services and programs for off-reserve by on-reserve(agency)-ONWA
- more Aboriginal workers in non-Aboriginal family violence programs and services OFIFC
- more equality in treatment ie. batterers and victims AIAI
- services for off reserve by on-reserve AIAI
- programs and services developed with Aboriginal values and cultures in mind AIAI
- awareness of skills development in programs and services AIAI
- programs and services need to be community based NAN
- outside programs and services need to be accessible GCT#3
- more appropriate and adequate services for Aboriginal people (including non Aboriginal service providers) GCT#3
- provision of culturally based programs and services WAL
- address discrimination from police and agencies OFIFC
- legal liaison officer in each community to explain legal implications and obligations and to help people deal with courts and police UOI
- support for networking between First Nations constables and the OPP and their newly developed focus as resource people and educators to First Nations communities UOI
- direct networking and working relationship between service agencies and the police available on a 24 hour basis ONWA
- seek community support of initiatives, services and programs-non --non Aboriginal service providers sensitivity and awareness to Aboriginal people re racism/patronizing attitudes OMAA
- addressing employment inequity for Aboriginal people OMAA



- family violence programs need to address awareness of native culture UOI
- community understanding of how "the system" works AIAI
- awareness and sensitivity for/from community in appropriate languages nan
- communications with off reserve people re: resources, services GCT#3
- use of media for promotion
- training to be designed, delivered and evaluated by Aboriginal people OFIFC
- more training for staff OFIFC
- more resource material for training to be made available OFIFC
- Aboriginal programs and services need specific/basic training ONWA
- alcohol and substance abuse training GCT#3
- staff utilizing elders for training and education WAL
- community resource people as credible, i.e. elders UOI
- traditional people/elders accredited as resource people
- financial reimbursement for resource people as accredited resources
- lack of culturally appropriate resources - need videos, literature, in appropriate languages NAN
- volunteers have the opportunity to network, share with each other, skill development training NAN
- adequate, accessible transportation NAN
- adequate accommodation for families NAN
- staffing reflective of percentage/proportion to clients WAL
- community resource people need coordinating GAN
- Aboriginal staff in all areas dealing with family violence OFIFC
- employment and pay equity for Aboriginal people OFIFC
- transportation OFIFC
- translation services OFIFC
- programs and services located throughout province/accessible OFIFC
- treatment for abuser ONWA
- treatment on or closer to reserves ONWA
- treatment for batterer and victim, esp on reserve ONWA
- drugs and abuse shelter ONWA
- detox ONWA
- after care ONWA
- proportionate Aboriginal staff to clients ONWA
- integration of services, less segregation ONWA
- treatment program with treatment approach reflective of Aboriginal cultural appropriateness ONWA
- cultural and regional diversity respected OMAA
- Aboriginal control over all initiatives relating to them OMAA
- crisis centres appropriate for Aboriginal women and children OMAA
- training and programming for abusers AIAI
- Aboriginal specific treatment centres for clients 18 years and younger AIAI
- treatment for families, individuals, victims, perpetrators AIAI
- coordination of human resources AIAI



- families included in treatment plans NAN
- effective program evaluation NAN
- culturally based treatment model; treatment for victims and abusers WAL
- networking with community agencies WAL
- court order process does not reduce repeat offenses and incidence of persons fearing of their safety. Authorities only respond when an offence has occurred ONWA.
- changes in law to reduce repeat offenses and incidence against persons who fear for their safety and enable authorities to respond to incidence prior to offenses. ONWA
- no Aboriginal reviews on treatment for Aboriginal victims and perpetrators in the existing justice system OFIFC
- protocol
- urban programs and services are not coordinated enough to address Aboriginal family violence effectively, presently no family violence networking committee exists in the province OFIFC
- urban providers develop protocol to ensure necessary involvement in local/regional networking and coordinating family violence committee OFIFC
- development of policies to ensure Aboriginal control in development and administration of programs and services directed towards Aboriginal people OMAA



## APPENDIX II: OVERVIEW OF EXISTING SYSTEM

### 1. Distribution of Constitutional Jurisdiction:

Generally, the distribution of jurisdiction between the Federal and Provincial governments is as follows:

Federal: substantive criminal law (Constitution Act, s. 91 (27); Indians and lands reserved for Indians (Constitution Act, s. 91(24)). Relevant legislation includes: Criminal Code, Indian Act, Narcotics Control Act, Young Offenders Act.

Provincial: administration of justice (Constitution Act, s.92(14)); property and civil rights (Constitution Act, s.92(13)). Relevant legislation includes: Provincial Offenses Act, Child and Family Services Act, Family Law Act, Highway Traffic Act, Liquor Licensing Act, Courts of Justice Act, Ministry of Correctional Services Act.

### 2. Ontario Ministry Mandates

Generally, the mandates of Provincial Ministries relevant to justice issues are:

a) Ministry of Attorney General: administration of justice, including administration of courts system, and prosecutions, legal aid and legal assistance, legal advice to government, and related policy and programmes

b) Ministry of the Solicitor General and Correctional Services:

To contribute to the public safety and security of Ontario in ways that reflect community needs and enhance social justice through the development of policies and provision of services that are both fair and accessible.

In this context, the Ministry has a wide range of responsibilities:

- Ontario Provincial Police
- policing services
- forensic/coroners' services
- fire investigation/prevention
- emergency planning
- offender supervision and rehabilitation in institutions and the community

c) Ministry of Community and Social Services:

3. Aspects of Justice System for which Ministries may be responsible on some degree include:

- a) judiciary: appointment of provincial judges and justices of the peace (Attorney General)
- b) Policing, victims services (Solicitor General and Correctional Services)
- c) Legal assistance programmes and services; legal aid programme, community legal clinics, native criminal courtworkers, native family courtworkers, Nishnawbe Aski Legal Services Corporation, Aboriginal Legal Services of Toronto, duty counsel, official guardian.
- d) private bar
- e) probation programmes

4. Federal Government

- a) prosecution of federal offenses (Narcotics Control Act)
- b) correctional institutions for offenders sentenced to greater than two years incarceration
- c) federally appointed judges (provincial superior courts, federal court, Supreme Court of Canada)
- d) Administration of Indian Act, , appointment of section 107 Justices of the Peace



**APPENDIX III: ONTARIO STATISTICS ON ABORIGINAL INMATES  
OF ONTARIO CORRECTIONAL INSTITUTIONS**

**CORRECTIONAL SERVICES POPULATION 1990-91**

<b>INSTITUTION</b>	<b>TOTAL</b>	<b>NATIVE</b>	<b>%NATIVE</b>
Fort Frances Jail	233	127	54.5%
Kenora Jail	1350	1093*	81.0%
Monteith Jail	621	182	29.3%
Sudbury Jail	1463	296	20.2%
Thunder Bay Jail	1481	534	36.1%
Sarnia Jail	847	225	26.6%
Brantford Jail	1721	263	15.3%
Haileybury Jail	368	53	14.4%
Sault Ste. Marie Jail	984	172	17.5%
Owen Sound Jail	455	53	11.6%
=====			
<b>Total of all Jails and Detention Centres</b>	<b>72677</b>	<b>4773</b>	<b>6.6%</b>
<hr/>			
<b>PROBATION</b>	<b>27476</b>	<b>911</b>	<b>3.3%</b>

\* The fine option program has reduced the percentage of Aboriginal inmates, but there is no dat available at Head Office at the present time.(by May?)

March 19, 1993

# CORRECTIONAL SERVICES POPULATION 1990-91

INSTITUTION (\$000's)	TOTAL	NATIVE	% NATIVE
Fort Frances Jail(\$1,312.8)	233	127	54.5%
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PROBATION	27476	911	3.3%

\* The fine option program has reduced the percentage of Aboriginal inmates, but there is no dat available at Head Office at the present time.(by May?)

March 19, 1993

TABLE 11

ADMISSIONS AND SENTENCES TO IMPRISONMENT BY LOCATION: NATIVES  
1990-91

INSTITUTION	ADMISSIONS				SENTENCES TO IMPRISONMENT			
	MALE	FEMALE	TOTAL	% ALL INSTT. ADMITS	MALE	FEMALE	TOTAL	% ALL INSTT. SENT.
<b>CENTRAL REGION</b>								
Barrie Jail	99	9	108	3.4%	67	6	73	3.8%
Brantford Jail	243	20	263	15.3%	185	16	201	15.3%
Hamilton-Wentworth DC	170	20	190	3.6%	148	14	162	4.6%
Niagara DC	41	0	41	2.3%	24	0	24	2.0%
<b>NORTHERN REGION</b>								
Fort Frances Jail	121	6	127	54.5%	84	3	89	53.9%
Haileybury Jail	38	13	53	14.4%	30	14	44	14.7%
Kenoza Jail	872	221	1,093	81.0%	668	178	846	81.6%
Monterith Jail	182	0	182	29.3%	158	0	158	31.0%
North Bay Jail	56	7	63	8.8%	38	6	44	10.1%
Parry Sound Jail	43	2	45	8.9%	22	1	23	7.1%
Sault Ste. Marie Jail	156	16	172	17.5%	108	12	120	17.5%
Sudbury Jail	254	42	296	20.2%	194	28	222	27.5%
Thunder Bay Jail	453	81	534	36.1%	344	65	409	38.4%
<b>EASTERN REGION</b>								
Brockville Jail	1	0	1	0.2%	1	0	1	0.3%
Cobourg Jail	8	0	8	2.0%	4	0	4	1.2%
Cornwall Jail	49	5	54	8.9%	30	3	33	9.0%
Lindsay Jail	1	0	1	0.2%	1	0	1	0.3%
L'Orignal Jail	0	0	0	0.0%	0	0	0	0.0%
Ottawa-Carleton DC	34	6	40	1.8%	26	5	31	2.0%
Pembroke Jail	16	1	17	2.6%	9	1	10	2.5%
Perth Jail	3	0	3	1.2%	3	0	3	1.3%
Peterborough Jail	57	11	68	6.5%	45	5	50	6.7%
Quinte DC	31	4	35	1.9%	21	3	24	1.9%
<b>WESTERN REGION</b>								
Chatham Jail	26	4	30	4.3%	22	1	23	4.3%
Elgin-Middlesex DC	250	19	269	6.9%	190	10	200	7.2%
Owen Sound Jail	50	3	53	11.6%	41	3	44	13.8%
Sarnia Jail	205	20	225	26.6%	142	10	152	25.1%
Stratford Jail	4	1	5	1.1%	4	0	4	1.1%
Walkerton Jail	25	0	25	6.3%	16	0	16	5.7%
Waterloo DC	19	1	20	1.3%	12	1	13	1.3%
Wellington DC	13	2	15	2.2%	6	0	6	1.3%
Windsor Jail	33	3	36	1.5%	22	1	23	1.5%
<b>METRO REGION</b>								
Metro Toronto East DC	84	0	84	1.1%	50	0	50	1.4%
Metro Toronto West DC	184	96	282	2.5%	96	60	156	2.7%
Toronto Jail	302	0	302	2.5%	194	0	194	2.7%
Whitby Jail	25	8	33	1.3%	13	2	15	1.1%

Table 11 details the admissions and sentences of natives by location, and the proportion of all admissions and sentences that natives account for at each jail/detention centre.



TABLE 15  
ADMISSIONS AND SENTENCES TO IMPRISONMENT BY LOCATION  
1990-91

INSTITUTION	ADMISSIONS				SENTENCES TO IMPRISONMENT			
	MALE	FEMALE	TOTAL	% CHG.	MALE	FEMALE	TOTAL	% CHG.
<b>CENTRAL REGION</b>								
Barrie Jail	2,988	180	3,168	5.8%	1,839	88	1,927	4.3%
Brantford Jail	1,633	88	1,721	13.3%	1,245	67	1,312	6.6%
Hamilton-Wentworth DC	4,743	571	5,314	6.8%	3,239	313	3,552	7.3%
Niagara DC	1,819	0	1,819	(3.3%)	1,190	0	1,190	(3.5%)
<b>NORTHERN REGION</b>								
Fort Frances Jail	224	9	233	0.0%	158	7	165	(12.2%)
Haileybury Jail	316	52	368	(1.1%)	253	47	300	(4.5%)
Kenora Jail	1,116	234	1,350	(7.7%)	849	188	1,037	(13.4%)
Monterith Jail	621	0	621	37.4%	509	0	509	28.9%
North Bay Jail	674	44	718	14.3%	408	30	438	3.8%
Parry Sound Jail	494	13	507	3.0%	314	8	322	15.0%
Sault Ste. Marie Jail	918	66	984	4.0%	646	41	687	4.1%
Sudbury Jail	1,361	102	1,463	(4.4%)	753	53	806	(8.8%)
Thunder Bay Jail	1,349	132	1,481	0.7%	970	96	1,066	(1.1%)
<b>EASTERN REGION</b>								
Brockville Jail	416	1	417	(5.9%)	321	1	322	(9.6%)
Cobourg Jail	392	12	404	38.8%	327	10	337	34.8%
Cornwall Jail	579	28	607	42.5%	351	14	365	36.2%
Lindsay Jail	377	29	406	4.9%	280	9	289	1.8%
L'Orignal Jail	278	0	278	41.8%	145	0	145	17.9%
Ottawa-Carleton DC	1,999	167	2,166	(11.3%)	1,430	106	1,536	(18.6%)
Pembroke Jail	613	33	646	27.9%	382	16	398	12.1%
Perth Jail	254	3	257	18.4%	224	3	227	14.1%
Peterborough Jail	990	62	1,052	10.0%	704	37	741	4.1%
Quinte DC	1,688	153	1,841	17.5%	1,194	84	1,278	9.4%
<b>WESTERN REGION</b>								
Chatham Jail	671	26	697	11.5%	521	18	539	1.5%
Elgin-Middlesex DC	3,674	247	3,921	(5.6%)	2,618	160	2,778	(7.4%)
Owen Sound Jail	430	25	455	(3.0%)	305	14	319	(9.1%)
Sarnia Jail	788	99	887	(0.2%)	568	37	605	0.5%
Stratford Jail	417	18	435	22.2%	366	13	379	24.7%
Walkerton Jail	375	23	398	27.6%	269	13	282	28.8%
Waterloo DC	1,500	60	1,560	11.1%	1,164	45	1,209	10.4%
Wellington DC	628	50	678	29.1%	433	27	460	23.0%
Windsor Jail	2,180	160	2,340	16.8%	1,414	93	1,507	16.5%
<b>METRO REGION</b>								
Metro Toronto East DC	7,506	0	7,506	5.1%	3,587	0	3,587	(1.1%)
Metro Toronto West DC	7,897	3,522	11,419	0.9%	4,086	1,734	5,820	(1.4%)
Toronto Jail	12,060	0	12,060	(7.0%)	7,237	0	7,237	(4.4%)
Whitby Jail	2,335	225	2,560	10.1%	1,265	104	1,369	7.5%

Table 15 shows the admissions and sentences to imprisonment for each of the jails and DCs. Offenders who are sentenced to 2 or more years are transferred to the federal system; those who receive less than 2 years but more than 6 months are usually transferred to a correctional centre.



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March 19, 1993

## APPENDIX IV: OUTLINE OF RELEVANT PROVISIONS OF CRIMINAL CODE AND YOUNG OFFENDERS ACT

### **Criminal Code**

Where a case is not proper for diversion, there are opportunities available under the Criminal Code for bringing relevant information to the court's attention.

#### **1. Interim Release**

The court must consider:

- a) whether the accused will show up in court if released
- b) whether there is a likelihood the accused will repeat the offence

Having the appropriate support networks available can have an effect on the court's decision to order the accused person held in custody or released (providing residence, treatment)

#### **2. Sentencing**

What happens between the time of being granted bail and conviction can have an influence on sentence.

- i) **Monetary/Labour Sentence:**
  - a) there can be a fine in lieu of imprisonment
  - b) the Lieutenant Governor may establish a Fine Option Program where a person can earn work credits to "pay off" the fine (presently in pilot phase at this time)
  - c) compensation may be ordered
  - d) victim surcharge
- ii) **What the court may hear at sentencing:**
  - a) a probation officer may be required to prepare a pre-sentence report for the purposes of sentencing

- b) the victim is permitted to make a statement for use at sentencing (or a relative if the victim is dead or otherwise unable to make a statement)
- c) the statement may be positive or negative with respect to the accused
- d) the court has a wide latitude with respect to what it may hear at sentencing (basically, the court must weigh a number of factors, including what the accused has done, what the chances of rehabilitation are and other considerations such as deterrence and public safety)
- e) sentencing panels (Sandy Lake)
- f) sentencing circles (used in the Northwest Territories and recently in Saskatchewan as well)
- iii) Absolute/Conditional Discharge:
  - a) there is no criminal conviction
  - b) it must be in the accused's best interests
  - c) it cannot be contrary to the public interest
  - d) where it is conditional, the accused must abide by the terms of a probation order

### 3. Suspended Sentence:

- a) the Court may suspend sentence and order a term of probation (the passing of sentence is suspended)
- b) this applies to all offences except where the maximum punishment is fourteen years or life imprisonment

### 4. Probation Order:

- a) requires certain terms be met (keep the peace, report to probation officer)
- b) can require other reasonable terms which the court considers desirable to secure the good conduct of the accused and to prevent repetition of the offence (voluntary community service, attend a treatment facility)



5. Prison:

- a) the sentence is to be served according to the rules of the institution
- b) the Provincial Director can transfer an imprisoned youth to a place of custody established under the Young Offenders Act (an Aboriginal community or organization may be able to have someone designated for this position which provides for extensive powers under the Young Offenders Act)

YOUNG OFFENDERS ACT

- 3 provides the Principles of the Act
- 4 provides for alternative measures
- 6 a justice may oversee basically the same matters as can in adult court
- 7 detention prior to disposition
- 7(3) the Provincial Director (PD) can transfer a youth from one place of temporary detention to another (this is with respect to detention prior to disposition)
- 7(5) may designate group or person who can authorize to detain
- 7(6) can designate group or person who can determine where the youth is to be detained
- 7.1(1) provides that a youth may be placed in the care of a "responsible person" (prior to disposition)
- 9(1) notice must be given to the parent or other adult known to the young person
- 14(1) the PD is to cause to be prepared a pre-disposition report containing a variety of information (eg the availability of community resources to deal with the youth)
- 16(3) the PD can provide information with respect to holding a youth in detention prior to trial
- 16.2(1) the PD can submit comments on place of custody of a youth

20(1)sets out the types of dispositions available

20(6)the PD is to get the reasons for disposition where he or she has an interest in the disposition

21(1) fines and fine option program

21(9)the PD can approve a community service program

23           the PD has certain jurisdiction with respect to the conditions in probation order

24.1       defines open and closed custody (there may be a wide range with respect to what is open custody)

24.2       the PD can determine the place of custody

24.4       the PD is to determine if there is a place where intermittent sentence can be enforced

24.5       the PD can apply to transfer youth to adult facility

26.1       the PD has some jurisdiction over conditional supervision

26.3       the PD can suspend conditional supervision

26.4       where conditional supervision is suspended the PD can issues warrant to apprehend

26.5       the PD can review suspension and continue it or cancel it

29           the PD can recommend transfer to open custody or probation

32           the PD can ask for review of disposition not involving custody

35           the PD can authorize temporary release from custody

37           youth workers (Probation officer)

69           youth justice committees (can establish to administer, without remuneration, any aspect of the Act)

## APPENDIX V

# ABORIGINAL PROGRAMS AND SERVICES CORRECTIONAL SERVICES MARCH 23, 1993

Remote Community Access Program for young offenders in Young Offender Secure Custody Units, at Kenora and Sault Ste. Marie Jails, Monteith Correctional Centre; and Cecil Facer Youth Centre.

Native Inmate Liaison Worker Program contracted to Friendship Centres, workers are located at: Kenora, Sault Ste. Marie and Thunder Bay Jails; Thunder Bay, Guelph and Monteith Correctional Centres; Ontario Correctional Institute; and Vanier Centre for Women.

Native Community Corrections Workers (NCCWs) are contracted by MCS to supervise Native probation clients, and are supervised by a distant Probation/Parole Officer located in the areas of Kenora, Fort Frances, Cochrane and Thunder Bay. Following the Nishnawbe-Aski Nation (NAN) agreement, additional NCCWs were hired and are supervised by ministry staff in the four areas. There are a total of 35 NCCW's on contract.

Fine Option Program in Kenora provides options to reduce the number of Aboriginal people who are admitted to ministry institutions because of failure to pay fines.

Native cultural awareness training sessions for 150 staff. Some resources are utilized for in-house training/material.

Native Community Corrections Workers' (NCCWs) annual training workshops.

Contracts with Band Councils to assist with supervision of adult probationers/parolees and young offenders, counselling and Community Service Order coordination. There are seven programs at Couchiching Band, Wabaseemoong, Seine River #23A, Grassy Narrows, Pikangikum, Six Nations of the Grand River, and the Akwesasne Mohawk Council.

Native Inmate Liquor Offender Program is operated by the Nee-Chee Friendship Centre, under contract with the Kenora Jail.

Iskawawak Kapayshiwin (Women's Place) provides residential supervision for Native women at Fort Albany. (12 beds)

Provide residential supervision for 16 people at Red Lake Community Resource Centre (CRC). (16 beds)

Off-Reserve Community Residential Agreements (CRAs) have been signed in Native Women's Centre in Hamilton (2 beds), Pines CRC in Kenora (3 beds), Rainbow Lodge on Manitoulin Island (3 beds), Cara House in Sault Ste. Marie (2 beds) and G & B House in Owen Sound (3 beds).

Elders Program at Sarnia Jail provides cultural and spiritual services.

Probation and Parole Officer in Sarnia area provides services to First Nations communities of Kettle Point, Moravian, Sarnia and Walpole Island. (non-Aboriginal person)

Community Service Order Contracts provide court intake and Community Service Order supervision on and off reserve to programs at London Centre CSO program, (provides services at Oneida, Muncees and Chippewa-on-the-Thames First Nations), Pines Court Intake/Pines Community Resource Centre, Schreiber-Terrace Bay Community Corrections, and Six Nations of the Grand River.



Open custody supervision of Phase II young offenders is provided at Mee Quam Youth Residence (10% utilization by Native young offenders), Sarnia; Eagle Rock Youth Centre (4 beds), Sarnia; and the Northern Youth Centre (5 beds), Kenora.
Council Fire of Toronto has a contract to provide counselling, life skills, training, and support services to Native probationers and parolees in Toronto.
Cultural and spiritual education provided at Brantford Jail.
Hamilton-Wentworth Detention Centre Program on alcohol and discharge planning for Native offenders provided under contract to the Hamilton Regional Indian Centre.
Probation and Parole Officer spends 8% of time on Native offenders on Georgina Island Reserve.
Ontario Native Council on Justice (ONCJ) in Toronto and Crisis Intervention Program in Whitedog receive grants from the ministry.
Northern Regional Program Coordinator is responsible for coordination of the development and implementation of programs and services for Native offenders in the Northern region.
Native Intern-Employment Equity Position (Assistant Program Coordinator) assists with the development and implementation of programs and services for Native offenders in Northern region.
Community Programs Analyst-Native Programs, Youth and Community Corrections Branch. To assist corporate and field managers with planning, coordination, monitoring and evaluating the development and implementation of a continuum of community and institutional Native-specific programs and services.

Native Sons/Daughters provides programs, counselling, resources, planning and cultural activities for Native inmates at Millbrook Correctional Centre, Vanier Centre for Women, Guelph Correctional Centre, Monteith Correctional Centre, and the Ontario Correctional Institute.

Native Program Coordinators. Six positions coordinate the development and implementation of programs and services for Native inmates and young offenders in institutions and secure custody in Brantford Jail, Hamilton-Wentworth Detention Centre, Guelph Correctional Centre, Northern Treatment Centre, Cecil Facer Youth Centre and Monteith Correctional Complex.

Off-reserve Native Community Contracts provide various programs and services and are located at Thunderbird Friendship Centre and Thunder Bay Friendship Centre.

Off-reserve Native Youth Residential Supervision Program is open custody supervision of Phase II young offenders and are located at Mee Quam Youth Residence, Cochrane and Kenora Youth Home, Kenora.

Consultation and negotiations with Native groups and organizations.

Native Rehabilitation Officers are under contract to provide probation/parole services on two reserves (Sandy Lake and Attawapiskat) under the supervision of probation/parole officers.

Source: Minister's Briefing Notes on Services and Programs for Aboriginal Peoples, Ministry of Correctional Services, Toronto, February 1, 1993.

Expenditure on Aboriginal Programs, Treasury Board 1993-94 Estimates, Ministry of Correctional Services, 1993.

**APPENDIX VI:**  
**MINISTRY OF SOLICITOR GENERAL AND**  
**CORRECTIONAL SERVICES**  
**ABORIGINAL SPECIFIC PROGRAMS AND STAFF**  
**CORRECTIONAL SERVICES STAFF**

**Native Program Coordinators**

Location	Staff
----------	-------

**Young Offender Centres**

Cecil Facer Youth Centre, Sudbury	1
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<b>TOTAL</b>	<b>1</b>
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**Adult Institutions**

Monteith Correctional Complex, Monteith	1 (non-Aboriginal)
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Northern Treatment Centre, Sault Ste. Marie	1
---	---

Guelph Correctional Centre, Guelph	1
------------------------------------	---

Hamilton-Wentworth Detention Centre, Hamilton	1
---	---

Brantford Jail, Brantford	1
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<b>TOTAL</b>	<b>5</b>
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**Northern Region Program Coordinator**

Location	Staff
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Sudbury Regional Office	1 (non-Aboriginal)
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<b>TOTAL</b>	<b>1</b>
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**Community Program Analyst, Native Programs**

Location	Staff
----------	-------

North Bay, Head Office	1 (non-Aboriginal)
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<b>TOTAL</b>	<b>1</b>
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**Employees**

Total ministry staff	7,422
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Total staff of Aboriginal ancestry	116
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**Note:** 1.6% of all staff have identified themselves as being of Aboriginal ancestry.

## APPENDIX VII: ABORIGINAL WORKERS ON CONTRACT TO CORRECTIONAL SERVICES

Native Community Corrections Workers - Contracts With Communities  
Probation Services provided to Adult and Young Offenders

Location	Staff
Marten Falls First Nation	1
Kingfisher First Nation	1
Aroland	1
Fort William First Nation	1
Bearskin Lake First Nation	1
Lac La Croix First Nation	1
Lac Seul First Nation	1
Mississauga First Nation	1
Omegaming Ojibways of Omegaming First Nation	1
Whitesand First Nation	1
Long Lake Number 58 First Nation	1
Hornepayne	1
Armstrong Station	1
Fort Severn First Nation	1
North Spirit Lake First Nation	1
Pic Mobert First Nation	1
Rainy River First Nation	1
Garden River First Nation	1
Big Grassy First Nation	1
Wunnumin Lake First Nation	1
Big Trout Lake First Nation	1
Deer Lake First Nation	1
Whitefish Bay First Nation	1
Eabametoong First Nation	1
Lansdowne House First Nation	1
Long Lake Number 77 First Nation	1
Gull Bay First Nation	1
Northwest Angle Number 37 First Nation	1
Webequie First Nation	1
Poplar Hill First Nation	1
Weagamow Lake First Nation	1
Constance Lake First Nation	1
Rocky Bay First Nation	1
Cat Lake First Nation	1
New Slate Falls First Nation	1
<b>TOTAL</b>	<b>35</b>



**APPENDIX VIII: NATIVE INMATE LIAISON AND YOUTH WORKERS -  
CONTRACTS WITH FRIENDSHIP CENTRES**

<b>Location</b>	<b>Staff</b>
Guelph Correctional Centre, Adult	1
Vanier Centre for Women, Adult and Youth	1
Ontario Correctional Institute, Adult	1
Thunder Bay Jail, Adult	1
Monteith Correctional Complex, Adult and Youth	2
Sault Ste. Marie Jail, Adult	1
Brantford Jail, Adult	1
Kenora Jail, Adult and Youth	1
Thunder Bay Correctional Centre, Adult and Youth	1
<b>TOTAL</b>	<b>10</b>

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## APPENDIX IX

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### ABORIGINAL FAMILY HEALING STRATEGY

#### BUDGETS

*Ontario Native Women's Association*  
*Association of Iroquois & Allied Indians*  
*Ontario Metis Aboriginal Association*  
*Nishnawbe-Aski Nation*  
*Union of Ontario Indians*  
*Ontario Federation of Indian Friendship Centres*  
*Chiefs of Ontario*  
*Grand Council Treaty #3*

June 29, 1993

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ONTARIO NATIVE WOMEN'S ASSOCIATION

*Aboriginal Family Healing Strategy*

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**ASSOCIATION OF IROQUOIS & ALLIED INDIANS**

*Aboriginal Family Healing Strategy*

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ONTARIO NATIVE WOMEN'S ASSOCIATION  
Cost Related to the Implementation of the  
Family Healing Strategy

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	Start Up & Capital	Operating
Regional Healing Lodges (4) *approximately 30 beds per lodge	\$2,000,000	\$3,200,000
Regional Family Resource and Healing Centres (4)	\$2,000,000	\$3,200,000
Provincial Clearing House	\$150,000	\$425,000
Organizational Support		\$700,000
TOTALS	<u>\$4,150,000</u>	<u>\$7,525,000</u>

Association of Iroquois & Allied Indians

**FINANCIAL FORECAST**

Aboriginal Family Healing Strategy

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8 Communities

Family Healing Resource Centres @ \$600,000	\$ 4,800,000
Capital @ \$100,000	800,000
Cultural/Teachings/ Resource People @ \$20,000	160,000
Community Based Workers 3/community @\$600,000	\$ 1,440,000
AIAI Coordinator, Training and Support	200,000

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<b>TOTAL</b>	<b><u>\$ 7,400,000</u></b>
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**ONTARIO METIS ABORIGINAL ASSOCIATION**

*Aboriginal Family Healing Strategy*

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ONTARIO METIS ABORIGINAL ASSOCIATION  
Preliminary Budget Estimates  
Aboriginal Family Healing Strategy

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BUDGET SUMMARY

Headquarters		196,305.00
5 Zones (25.0%)	215625 x 5	1,078,140.00
30 Communities (71.0%)	102384 x 30	<u>3,071,520.00</u>
		<u>4,345,965.00</u>

ONTARIO METIS ABORIGINAL ASSOCIATION

ONTARIO METIS ABORIGINAL ASSOCIATION  
BREAKDOWN OF BUDGETS

Manager Salary	55,000.00	
Benefits (MERC) 17%	9,350.00	64,350.00
Support Staff	22,000.00	
Benefits (MERC) 17%	3,740.00	25,740.00
Travel	20,000.00	
Training	50,000.00	
Office Equipment/Rental	3,500.00	73,500.00
Administration (20%)/rent	32,718.00	32,715.00
	TOTAL	<u>196,305.00</u>

ZONES (5)

Policy Analyst Salary	45,000.00	
Benefits (MERC) 17%	7,650.00	52,650.00
Social/Service Worker	36,000.00	
Benefits	6,120.00	42,120.00
Administration Support	26,000.00	
Benefits	4,420.00	30,420.00
Travel	25,000.00	
Training	20,000.00	
Office Equipment/Rental	3,500.00	
Office Rent	6,000.00	54,500.00
Administration (20%)	35,938.00	35,938.00
	<u>215,628.00</u>	<u>215,628.00</u>

TOTAL FOR ALL 5 ZONES	198,433.00 x 5	<u>1,078,140.00</u>
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COMMUNITIES (30)\*

Community Worker	38,000.00	
Benefits (MERC) (17%)	6,460.00	44,460.00
Administration Support	8,000.00	
Benefits	1,360.00	9,360.00
Travel	12,000.00	
Training/Workshops	10,000.00	
Office Equipment/Rental	3,500.00	
Office Rent	6,000.00	31,500.00
Administration (20%)	17,064.00	17,064.00
		<u>102,384.00</u>

30 Communities:	102,384.00 x 30	<u>3,071,520.00</u>
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ONTARIO METIS ABORIGINAL ASSOCIATION  
BUDGET NOTES

The following budget estimate is based on a number of assumptions  
some of which follows:

- \* These figures represent a developmental concept only.  
That is, they reflect the initial phase of a process  
of healing for our communities. This initial  
phase may be of a one-two year duration.
- \* No current infrastructure exists within our organization  
to facilitate long term "social program" delivery strategies.  
This infrastructure will be required to an undetermined  
degree following the initial phase of development.  
Neither this nor a long term forecast can be provided  
at this point since the healing strategy is predicted on the assumption  
that the communities will determine their needs and set their priorities.
- \* It is also important to attempt to share resources within and  
among communities. Some resources (example: Healing Lodges)  
may be planned by other organizations and can be shared  
by all Aboriginal people in that area.
- \* No capital costs can be determined until it is known what other  
organizations are capable of delivering and how facilities  
can be shared.

HEADQUARTERS

- \* Functions: Programme management; external/internal coordination;  
support to regions and communities; information/clearinghouse  
advocacy; training; provincial liaison & representation; administration;  
policy.  
  
Support Staff: Secretarial/Administrative

ZONES

- \* Functions: clinical supervision; advocacy; training; community  
awareness & development; direct services; zone coordination;  
H.Q & zone liaison; referral services and coordination;  
networking with government and other Aboriginal services.  
  
Administrative Support

COMMUNITIES

- \* Functions: Community services/liaison; direct services;  
referral services; information; networking; awareness raising;  
assessment of needs; local training and education;  
service/programme development; holistic approach to community  
healing.  
  
Administrative Support.
- \* This number (30) does not represent the total number of OMAA  
communities (i.e. affiliated locals). It is a selected number  
of communities that have a large enough OMAA membership and are  
able to serve a representative Aboriginal population. This is also  
considered as a "starting point" for community healing to begin  
with community development and organizations.

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**NISHNAWBE-ASKI NATION**

*Aboriginal Family Healing Strategy*

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## NISHNAWBE-ASKI NATION

June 4, 1993

### FAMILY HEALING RESOURCE REQUIREMENTS (Projected)

#### OVERVIEW - NISHNAWBE-ASKI NATION

Nishnawbe-Aski Nation includes 48 Cree and Ojibway communities ranging in size from 30 - 1,600 First Nation members. Nishnawbe-Aski area has a total on-reserve population of approximately 26,000. Over 67.9% of this population is under 30 years of age. The mean education level is less than grade nine. Unemployment is high (65% to 95%) in most communities.

Most communities (79%) are designated as isolated with only fly-in access. Tribal Councils consist of:

TRIBAL COUNCIL	AREA	# COMMUN
Mushkegowuk Council	James Bay	7
Wabun Tribal Council	Timmins	4
Shibogama F N Council	Sioux Lookout	4
Keewaytinook Okimakanak	Northern Sioux Lookout	7
Windigo F N Council	Sioux Lookout	6
Independent F N Alliance	Sioux Lookout	4
Matawa First Nations		10
Independent Bands		6

#### RESOURCE PROJECTIONS METHODOLOGY

Based on the Family Violence Consultation Report, titled, "Bring Back the Togetherness"; (October 1992) Nishnawbe-Aski's projections were developed on a NAN-wide basis; Tribal Council (regional) basis; and community - specific (based on unfunded project requests).

## **FAMILY HEALING RESOURCE REQUIREMENTS**

### **I NAN - WIDE PROJECTS**

#### **(a) Training-Basic Curriculum Delivery**

There are approximately 300 community based worker positions within Nishnawbe-Aski which consist of CHR's, NNADAP, Mental Health and Band Family Service Workers. Of these workers approximately 20% have received basic training. There is a high turnover rate of these workers, therefore basic training is an ongoing requirement. Due to geographic isolation and modular type training (which is conducive to adult education) the trainee costs are high. An eighteen month training program costs \$30,000 per trainee.

##### **COST:**

300 Community Based Workers x \$30,000.00 = \$900,000

#### **(b) Family Healing Centres (Capital and Operational)**

Family Healing Centres are required on a regional basis. Four have been identified within Nishnawbe-Aski. Each centre will have six family units as well as a (treatment) healing centre for healing, strengthening family relationships and individual counselling.

##### **COST:**

i) Capital - \$ 2.1 million x 4 = \$ 8.4 million

ii) Operational - \$ 500,000 x 4 = \$ 2 million

#### **(c) Adolescent Healing Centre**

In the midst of a suicide epidemic, Nishnawbe-Aski Nation has identified a priority to stabilize youths-in-crisis prior to any family intervention approaches. Two facilities are required in the western and eastern areas. Each facility will provide a wide range of psychological/psychiatric supports as well as rehabilitation services.

##### **COST:**

i) Capital - \$ 2.5 million x 2 = \$ 4 million

ii) Operations

(a) Professional Services \$800,000.00

(b) Traditional Healing \$200,000.00

## **FAMILY HEALING RESOURCE REQUIREMENTS**

### **II TRIBAL COUNCIL AND FIRST NATION SERVICES**

#### **(a) Aftercare Counselling Centres (Individual and Family)**

Decentralized follow-up, case management and aftercare is required at the Tribal Council level. The breakdown for centres is as follows:

Sandy Lake	1 Centre
Pikangikum	1 Centre
Big Trout Lake	1 Centre
Keewaytinook	1 Centre
Matawa	2 Centres
Mushkegowuk	2 Centres
Shibogama	1 Centre
Wabun	1 Centre
Windigo	2 Centres

- i) Capital - 12 Centres x \$ 1.5 million = \$ 18 million
- Operation - 12 Centres x \$300,000.00 = \$ 3.6 million

#### **(b) Crisis Intervention Teams**

- i) Training  
48 Teams x \$5,000 = \$240,000.00
- ii) Operations & Equipment  
48 Teams x \$20,000 = \$960,000.00

#### **(c) Youth Co-ordinators**

6 Tribal Councils x \$60,000 = \$360,000.00

#### **(d) Recreation Co-ordinators**

6 Tribal Councils x \$60,000 = \$360,000.00

#### **(e) Parenting Training & Support**

48 x \$10,000 = \$480,000.00

#### **(f) Child Care Services**

Facilities - 20% of 30 x \$ .5 million = \$ 3 million

## **FAMILY HEALING RESOURCES REQUIREMENTS**

### **III FIRST NATION REQUESTS:**

#### **(a) Wilderness Centres**

4 Centres x \$1.5 million = \$ 6 million

#### **(b) Traditional Justice Programs**

4 Programs x \$50,000 = \$200,000.00

#### **(c) Suicide Prevention Workshops**

15 Workshops x \$50,000 = \$750,000.00



**NISHNAWBE-ASKI RESOURCE REQUIREMENTS  
BUDGET SUMMARY**

**I NAN WIDE**

(a)	Training	\$ 900,000.00
(b)	Family Healing Centres	
	i) Capital	8,400,000.00
	ii) Operations	2,000,000.00
(c)	Adolescent Healing Centres	
	i) Capital	4,000,000.00
	ii) Operations (Professional & Traditional	1,000,000.00

**II TRIBAL COUNCIL AND FIRST NATION SERVICES**

(a)	Aftercare Counselling Centres	
	i) Capital	18,000,000.00
	ii) Operations	3,600,000.00
(b)	Crisis Intervention Teams	
	i) Training	240,000.00
	ii) Operation & Equipment	960,000.00
(c)	Youth Co-ordinators	360,000.00
(d)	Recreation Co-ordinators	360,000.00
(e)	Parenting Training & Support	480,000.00
(f)	Child Care (Subsidy)	3,000,000.00

**III FIRST NATION REQUESTS**

(a)	Wilderness Centres	6,000,000.00
(b)	Traditional Justice Programs	200,000.00
(c)	Suicide Prevention Workshops	<u>750,000.00</u>

**TOTAL ESTIMATE**

**\$ 50,250,000.00**

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**UNION OF ONTARIO INDIANS**

*Aboriginal Family Healing Strategy*

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UNION OF ONTARIO INDIANS  
FIRST NATIONS MEMBERSHIP LISTING  
APRIL 1993

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WASAUKSING  
CHIPPEWAS OF SAUGEEN  
WIKWEMKING  
GOLDEN LAKE  
SCUGOG  
GEORGIAN ISLAND  
RAMA  
SARNIA  
CHIPPEAWAS OF THAMES  
SAGAMOK  
THESSALON  
DOKIS  
SHESHEGWANING  
HENVY INLET  
MISSISSAUGA #8  
PAYS PLAT  
FORT WILLIAM  
LONG LAC #58  
PIC RIVER  
WAHNIPITAE

KETTLE-STONY POINT  
GARDEN RIVER  
NIPISSING  
CURVE LAKE  
MOOSE DEER POINT  
ALDERVILLE  
BEAUSOLIEL  
MUNCEY-DELEWARE  
RED ROCK  
MAGNETAWAN  
SERPENT RIVER  
SHEGUIANDAH  
SUCKER CREEK  
WEST BAY  
MICHIPICOTEN  
SANDPOINT  
GULL BAY  
PIC MOBERT  
ROCKY BAY  
COCKBURN ISLAND

ABORIGINAL FAMILY HEALING STRATEGY  
UNION OF ONTARIO INDIANS  
DRAFT BUDGET

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Family Counselling

3 per area x 3 (Superior, N.S.T.C., Manitoulin)

2 per area x 3 (Nipissing, S.W., S.E.)

15 X \$45,000	675,000
Benefits	101,250

Operating

Support (1)	\$25,000			
Benefits	\$3,750			
Travel	\$25,000			
Operating	\$10,000			
	\$63,750	x 6 Offices		382,500
				1,158,750
				115,875
				1,274,625
One Time Office Equipment				100,000
				\$1,374,625

Community Workers - Case Management - Aftercare

42 Communities

Salary	30,000			
Benefits	3,000			
Support Staff(1/2 time)	13,000			
Benefits	1,300			
Travel	6,000			
Operating	7,000			
Training	1,550			
	61,800			
Administration	6,180			
	67,980	x 42		2,855,160
Additional for Large Community	47,850	x 7		334,950
				\$3,190,110



## Training

300/year x 3 years

\$900,000

(Assuming something like NCC:CD or with distance education variation)  
(Includes Special Constables)

## Residential Facilities (Treatment type programs - family focus)

### a) 2 Shelters

Manotsaywin, SE

Operating	500,000	x 2	1,000,000
Capital	500,000	x 2	1,000,000

### b) Healing Lodges

Garden River, Thunder Bay, Kettle Point

Operating	350,000	x 3	1,050,000
Capital	500,000	x 2	1,000,000

### c) Youth/Family Treatment

SE, Wikwemikong, Superior

Operating	350,000	x 2	700,000
	500,000	x 1 (SE)	500,000
Capital	500,000	x 3	1,500,000
Operating			<u>3,250,000</u>
Capital			3,500,000

## SUMMARY

### Ongoing

Counsellors	1,374,625
Community Workers	3,190,110
Training	900,000

### Facilities

Healing Lodges	(3)	1,050,000
Shelters	(2)	1,000,000
Youth/Family	(3)	1,200,000
		<u>\$130,721,025</u>

### Counsellor Startup (One Time)

Counsellor Startup	100,000
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### Facilities

Healing Lodges	1,000,000
Shelters	1,000,000
Youth/Family	1,500,000
	<u>\$3,600,000</u>

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ONTARIO FEDERATION OF INDIAN FRIENDSHIP CENTRES

*Aboriginal Family Healing Strategy*

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## FRIENDSHIP CENTRE FINANCIAL REQUIREMENTS

### CRISIS INTERVENTION & OUTREACH COORDINATOR

Salary	\$36,000		
Benefits (18%)	6,480		
Travel	10,000		
Programme Support	10,000		
Administration (15%)	<u>9,372</u>		
	<u>\$71,852</u>	x 29 Centres	<u>\$2,083,708</u>

### Functions

- \* crisis intervention
- \* outreach
- \* education & promotion
- \* coordination of treatment/reaction
- \* referral
- \* travel and programme support for client group and workers
- \* identity at risk people
  
- \* additional workers for Thunder Bay, Sudbury,  
Sault Ste. Marie, London, Hamilton, Toronto  
due to size of Aboriginal population

x 6 additional workers      \$ 431,112



## FAMILY HEALING SUPPORT WORKER

Salary	\$36,000		
Benefits (18%)	6,480		
Travel	2,500		
Cultural Resources	15,000		
Programme Support	10,000		
Administration (15%)	10,497		
	<u>\$80,477</u>	x 29 Centres	<u>\$2,333,833</u>

## Functions

- \* prevention
- \* community based programming
- \* support groups
- \* youth leadership development
- \* relief programmes, eg. single moms
- \* information
- \* development of cultural resources
- \* involvement of elders
- \* develop resource materials
- \* sensitivity awareness training
- \* identity of at risk people
- \* life skills development
- \* positive parenting

## JUSTICE COORDINATORS

Salary	\$36,000
Benefits (18%)	6,480
Travel	10,000
Committee Support	10,000
Elders	5,000
Administration (15%)	10,122
	<hr/>
	<u>\$77,602</u>

## Functions

- \* victim/witness programming
- \* facilitate development of local justice council
- \* co-ordinate council activities
- \* networking with crisis intervention, curative and rehabilitative
- \* promote community development
- \* identify healing continuum gaps
- \* involve elders and traditional peoples
- \* assess situations for possible local justice council involvement
- \* sensitivity awareness training

## Situated

- \* Kenora, Sioux Lookout, Fort Frances, Thunder Bay, Geraldton, Moosonee, Cochrane, Timmins, Sault Ste. Marie, Sudbury, North Bay, Parry Sound, Barrie, Ottawa, Kingston, Hamilton, London, Windsor, Fort Erie

x 19 sites

\$1,474,438

CORRECTIONAL CENTRE PROGRAMMING

Salary	\$36,000
Benefits (18%)	6,480
Travel	2,500
Elders	5,000
Administration (15%)	7,872
	<hr/>
	<u>\$60,352</u>

Functions

- \* counselling specific to family violence
- \* cultural support
- \* sensitivity awareness training
- \* support Native Inmate Liaison Worker functions

Situated

- \* Brantford, Guelph, Monteith, Fort Frances,  
Hamilton, Kenora, London, Ottawa, Sudbury,  
Thunder Bay, Toronto

x 12                      \$     724,224

## TRAINING PROGRAMMES

OFIFC delivered for staff at Friendship Centres

Family Healing Trainers	
3 x \$55,000	\$ 165,000
Benefits (18%)	29,700
Travel	30,000
Local Workshops	
(29 Centres x 1 x \$2,000)	58,000
Provincial Workshops	
(\$25,000 x 3 x	
Crisis Intervention	
Family Healing	
Justice Coordinators	
Correctional Workers	
Executive Directors (1)	325,000
	<hr/>
	<u>\$607,700</u>

## Functions

- \* establish standards of performance
- \* promote team approach
- \* coordinate efforts
- \* establish management process
- \* promote stress management
- \* network
- \* train in culture base approaches
- \* encourage programme development



## CAPITAL

Detoxification

Community Meeting Space

Child Care Centre

Land Outside of Cities for sweats, fast, teachings, pow-wows, family socials, etc

Emergency Shelter

\$10,000,000

Approximately \$300,000 per Centre and contingency

## INDIVIDUAL COMMUNITY REQUIREMENTS

**TOTAL** **\$12,035,000**

### **Atikokan**

Detoxification Centre	\$ 300,000
Alcohol Worker	60,000
Li'l Beavers Programme	60,000

**\$ 420,000**

### **Barrie**

Operational Funding	\$ 120,000
Youth Programme	60,000
Family Healing Lodge	600,000
Family Healing Education	10,000

**\$ 790,000**

### **Brantford**

Operational Funding	\$ 120,000
Transportation Costs to Shelter	20,000
Youth Programme	60,000

**\$ 200,000**

### **Cochrane**

Transportation	\$ 20,000
Translation Services	10,000
Native Child Care Centre	500,000
Women's Shelter	500,000
Education Programming & Support	10,000

**\$1,040,000**

## Dryden

Operational Support	\$	120,000	
Crisis Home Worker (Aboriginal)		60,000	
Childrens Services Worker		60,000	
			\$ <u>240,000</u>

## Fort Erie

Anger Management Group	\$	5,000	
Family Support Centre		500,000	
			\$ <u>505,000</u>

## Fort Frances

Safe Home	\$	500,000	
			\$ <u>500,000</u>

## Geraldton

Aboriginal Family Resource Centre	\$	500,000	
Child Care Centre		500,000	
School-Home Liaison Worker		60,000	
Transportation		20,000	
			\$ <u>1,080,000</u>

## Hamilton

Education/Prevention		60,000	
Liaison Worker			
			\$ <u>60,000</u>

### Kapuskasing

Operational Funding	\$ 120,000
Cultural Teaching	20,000
Family Support Worker	60,000

\$ 300,000

### Kenora

Liaison Worker	\$ 120,000
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\$ 120,000

### London

Community Based Counsellors	\$ 120,000
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\$ 120,000

### Midland

Cultural Teaching	\$ 20,000
Offender Rehabilitation Worker	60,000
Transportation	20,000

\$ 100,000

### Moosonee

Youth Programme	\$ 60,000
Recreation Director	60,000

\$ 120,000

### Ottawa

Healing Lodge	\$ 600,000
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\$ 600,000



## North Bay

Aboriginal Half-way Facility	\$	500,000	
Translation Services		10,000	
Home-School Liaison Worker		60,000	
			\$ <u>570,000</u>

## Parry Sound

Alcohol, Drug Worker	\$	60,000	
Cultural Teaching		20,000	
			\$ <u>80,000</u>

## Sault Ste. Marie

Men's Healing Centre	\$	600,000	
Youth Programme		60,000	
			\$ <u>660,000</u>

## Sioux Lookout

Translation Services	\$	60,000	
Parenting Programme		60,000	
Traditional Teaching		20,000	
Transportation		50,000	
Inter-Agency Coordinator		60,000	
			\$ <u>250,000</u>

## Sudbury

Health Liaison Worker	\$	60,000	
CAS Liaison Worker		60,000	
Traditional Teachings		20,000	
			\$ <u>140,000</u>

## Thunder Bay

Men's Healing Centre	\$	600,000
AfterCare/Follow-up Worker		60,000

\$ 660,000

## Timmins

Family Healing Centre	\$	600,000
Emergency Shelter		100,000
Anti-Racism Coordinator		60,000
Cultural Teachings		20,000

\$ 780,000

## Windsor

Cultural Teachings	\$	20,000
Anti-Racism Coordinator		60,000

\$ 80,000

## Kingston

Operational Support	\$	120,000
Prison Liaison		120,000
Cultural Teachings		20,000

\$ 120,000

## Toronto

24 Community Crisis	\$	300,000
Existing Service Expansion for women and men		600,000
Youth Activities		200,000
Sexual Assault Healing		300,000
Education & Promotion		120,000
Family Workers		300,000

\$ 1,820,000

## SUMMARY

Crisis Intervention & Outreach	\$ 2,083,708
Additional Workers	431,112
Family Healing Support	2,333,833
Justice Coordinators	1,474,438
Correctional Programming	724,244
Training	607,700
Capital	10,000,000
Individual Community Requirements	12,035,000
	<hr/>
<b>TOTAL BUDGET</b>	<b><u>\$ 29,690,035</u></b>

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CHIEFS OF ONTARIO

*Aboriginal Family Healing Strategy*

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REVISED SEPTEMBER 13, 1993

ABORIGINAL FAMILY HEALING STRATEGY  
CHIEFS OF ONTARIO  
FINANCIAL PROJECTION

Independent First Nations                      \$        7,048,982  
(see Appendix A & B)  
includes capital \$2,898,000

Association of Indian Child &  
Family Service Agencies                      379,500  
(see Appendix C)

Family Violence Coordinator  
Chiefs of Ontario

:        Salary/Benefits                      38,500  
:        Travel                                10,000  
:        Administration 15%                      7,275  
   55,775

Independent Committee  
Travel @ average \$500.00 x 10 reps  
x 6 meetings                                      30,000

Training    740,940

**TOTAL    \$        8,255,202**

1.        Based on immediate need
2.        Does not reflect current programs costs
3.        Estimated only
4.        Subject to further discussion with Independents



## APPENDIX A

### 1. Mohawks of Akwesasne/Programme Expansion

Salaries Benefits	\$	237,781	
Operations/Maintenance		57,560	
Administration		44,526	
Community Travel		1,500	
	\$	341,367	
Capital/Shelter	\$	360,000	
Capital Replace @ 15%		54,000	
			\$ 755,367

### 2. Six Nations of the Grand River/Programme Expansion

Salaries/Benefits	\$	394,900	
Operations/Maintenance Administration		78,100	
Community Travel		1,500	
	\$	474,500	
Capital/Residential Units		550,000	
Capital Replacement @ 15%		82,500	
			\$ 1,107,000

### Mohawks Akwesasne --> Programme Expansion

1 Programme Manager		36,000	
5 Counsellors @ \$24,124		120,625	
1 Child Care Worker		22,540	
1 Secretary/Bookkeeper		18,000	
2 P/T General		14,000	
1 Janitor		5,000	
	\$	216,165	
Benefits @ 10%		21,616	
Salaries/Benefits	\$	237,781	
Operations/Maintenance		57,560	

Travel/Comm	1,500
Capital/Shelter	360,000
Capital/Replacement @ 15%	54,000
Administration	44,526

<b>TOTAL</b>	<b>\$ 755,367</b>
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#### Six Nations --> Programme Expansion

Men's program - 3 F/T Counsellors  
Sexual Assault Program - 2 F/T Counsellors  
Next Step/Residential - 2 F/T Counsellors  
Community Workers - 2 F/T Workers

9 Full-Time @ \$ 35,000	\$ 315,000
1 Administrator	44,000

<b>\$ 359,000</b>
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Benefits @ 10%	35,900
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#### BREAKDOWN

Salaries and Benefits	\$ 394,900
Basic/Operations Expenses	78,100
Community Travel	1,500
Capital Residential Units (8 Beds)	550,000
Capital Replacement @ 15%	82,000

<b>TOTAL</b>	<b>\$ 1,107,000</b>
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## APPENDIX B

### Chippewas of Nawash/Women's Shelter

Salaries/Benefits	\$ 236,500
Operations/Maintenance	47,300
Administration	42,645
Community Travel	500

\$ 326,945

Capital/Shelter	360,000
Capital/Replacement @ 15%	54,000

**TOTAL \$ 5,186,615**

**\$ 740,945 x 7**

Lake Nipigon Ojibway  
Ojibways of Walpole Island  
Shawanaga First Nations  
Teme-Augama Anishnawabe  
Whitesands First Nations  
Chippewas of Saugeen

NOTE: \$5,186,615 includes Total Capital;  
and Capital Replacement \$ 2,898,000

### Chippewas of Nawash/Women's Shelter

6 Counsellors @ \$30,000	\$ 180,000
1 Administrator @ \$35,000	35,000
Benefits @ 10%	21,500

\$ 236,500

Operating Expenses @ 20%	47,300
Capital/Women's Shelter	120,000

**TOTAL \$ 403,800**

## APPENDIX C

### Association of Indian Child & Family Service Agencies

Coordinator	\$	50,000
Researcher/Policy Analyst		35,000
Secretary/Receptionist		40,000
Benefits @ 12%		15,000

<b>TOTAL</b>	<b>\$</b>	<b>140,000</b>
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Legal/Technical		50,000
Resource Library		10,000
Travel		40,000
Office Space		80,000
Overhead		10,000

<b>TOTAL</b>	<b>\$</b>	<b>330,000</b>
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Administration		49,500
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<b>GRAND TOTAL</b>	<b>\$</b>	<b>379,500</b>
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**GRAND COUNCIL TREATY #3**

*Aboriginal Family Healing Strategy*

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GRAND COUNCIL TREATY #3  
BUDGET  
Aboriginal Family Healing Strategy

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COMMUNITY BASED INITIATIVES

A.	First Nation Specific 100,000 x Component Target: \$2.5M	25 First Nations	
B.	Urban & Off-Reserve Specific 250,000 x Component Target \$1.0M	4 Urban Centres	
C.	Leadership Healing, Research & Coordination (Grand Council Treaty #3) Component Target: 0.5M		
	SUB TOTAL		4,000,000

POINTS OF INTERVENTION

A.	Weechi-it-te-win Family Services (Fort Frances Tribal Area)		
	Strategy Including:		
	1 Promotion Crisis Intervention Curative Training	Prevention Promotion of Stability Rehabilitative Supportive	
	Component Target:	2.0M	
	2 Capital Component Target	1.5M	
	3 Maintenance & Devolution of Operations	1.0M	
	4 Specialized Support & Professional Services	0.5M	
	SUB TOTAL		4,500,000
B.	Ojibway Tribal Family Services (Kenora Tribal Area)		
	Strategy including:		
	1 Promotion Crisis Intervention Curative Training	Prevention Promotion of Stability Rehabilitative Supportive	
	Component Target:	2.0M	
	2 Capital Component Target	1.5M	
	3 Maintenance & Devolution of Operations	1.0M	
	4 Specialized Support & Professional Services	0.5M	
	SUB TOTAL		4,500,000
	TOTAL		<u>13,000,000</u>

## GRAND COUNCIL TREATY #3

### A. THE NATURE & MANIFESTATION OF FAMILY VIOLENCE AND ABUSE

The ugly spectre of Family Violence, while not respecting class, age, race, nor gender has manifested itself on our people with a vengeance. It is pervasive and affects all of our society, at our First Nations, in the cities, in Ontario and in Canada.

We acknowledge Family Violence, and we would urge the government of Ontario to treat this matter with the greatest of urgency. In our work, we have come to see the pervasiveness and the destructiveness of it all. As an example, here is a framework.

Family Violence and Abuse:

- A. Neglect and Passive;
- B. Abuse:
  - 1. Sexual
  - 2. Incest
  - 3. Physical
  - 4. Psychological
  - 5. Freedom Restriction
  - 6. Religious Abuse
  - 7. Emotional
  - 8. Verbal
  - 9. Anger & Intimidation
  - 10. Institutionalized & Institutional Abuse
  - 11. Financial, including fiduciary abuse of mental mental incomponents, children & elderly
- C. As these forms manifest of Children, Women, Men and Elders;
- D. As these forms impact in the specific Physical, Emotional, Mental, Spiritual and Environment spheres.

If this is clinical or pathological approach, then there is a virtual library of documentation and an endless litany of statistics which attest to Aboriginal conditions. Our series of community-based initiatives and series of conferences again confirm the severity of our situation. In Ontario, we have the highest rate of:

unemployment	suicides
death by non-natural causes	infant mortality
incarceration	child protection
inadequate housing	student drop-out rates etc....

But ultimately, if there was ever a situation where only we can take decisive action to combat this phenomenon, it is Family Violence. Our leaders and the front line workers continue to repeat that we must confront the issue head on. holistically and in a manner which is culturally appropriate. The government must support the initiative.

## **B. COMPREHENSIVE PLANNING ON FAMILY VIOLENCE**

In the matter of Family Violence, Grand Council Treaty #3 has worked in harmony with Weechi-it-te-win Family Services which serves the need of the Fort Frances Tribal Area and with Ojibway Tribal Family Services which serves the needs of the Kenora and Dryden Tribal Areas. Grand Council Treaty #3 has also worked closely with the Friendship Centres in the Treaty #3 Territory.

These organizations working in harmony for a common purpose represents Comprehensive Planning as an Integrated and Coordinated System.

This Forecast is therefore based on a brief review of the approach and its more salient component.

## **C. PRINCIPLES**

We acknowledge the existing principles of the Aboriginal Family Healing Joint Strategy Committee, although we would encourage a revisitation from time to time for the great urgency at hand:

1. Immediate needs of Aboriginal families, communities and individuals will continue to be addressed while developments of the strategic directions continue to evolve.
2. The process and strategy will address Aboriginal family violence needs in a flexible and culturally appropriate manner.
3. Consultations for the strategy will represent the terms and principles of the Statement of Political Relationship which was jointly signed by the First Nations and the Ontario Government on August 6, 1991.
4. Decision making by the Committee will be consensual.
5. The process and strategy will be community (grass roots) based.
6. The process and strategy will be a joint undertaking by the Aboriginal groups and individuals, and by the ministries of the Ontario government.
7. The process and strategy will be a coordinated and comprehensive one.
8. Participants who choose to opt into this joint venture will honour their commitment to help ensure successful outcomes.



**D. DIRECTIONAL PLANNING: (What needs to be done?)**

**MISSION:**

To eliminate Family Violence in all of its pervasive and destructive manifestations within the individual, family, community and the anishinabe nation in the Treaty #3 Territory through a holistic and culturally appropriate strategy and thereby enable our anishinabe to enjoy a lifestyle of peace, harmony, security and wellness.

The holistic and culturally appropriate approach must address the needs of the children, women, men and elders - perpetrators and victims.

**F. TACTICAL PLANNING**

Tactical planning determines WHAT will in fact be done; HOW and by WHOM. This is the subject matter for the comprehensive and detailed strategies which will be presented in a coordinated package.

This is to be done by June 24, 1993 as required.





